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Young Adults in Transition: Factors that Support and Hinder Growth and Change

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YOUNG ADULTS IN TRANSITION: FACTORS THAT SUPPORT AND HINDER GROWTH AND CHANGE

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Dedication

To all Dragonfly Transition students and families who so courageously navigate the turmoil of transition and change.

To all Dragonfly Transition staff that work so hard to support the process, remain in relationship, manage the day-to-day, and put their heart and soul into the work.

Abstract

Young adults between 18 and 24 years of age with mental illness are significantly less likely to receive mental health services than adults in older age groups. Nationally, higher rates of depression, substance abuse, and psychiatric issues are reported in this age group. A therapeutic model referred to as young adult transition programs has emerged to better address the unique developmental challenges found in this age group. This study examined 317 critical incidents that supported or hindered young adults in a therapeutic transition program. The research design used a combination of an instrumental case study and critical incident technique (CIT). Using interviews and the Outcome Questionnaire 45.2, the study explored indepth the experiences of 17 young adults who were alumni of a young adult transition program. The research focused on critical incidents that supported or hindered the young adult in their process of growth and change while in treatment and whether meaningful change lasted beyond treatment. Its objective was to better understand the transition experience from a participant perspective and, through the findings, inform program development and evaluation for young adult transition programs. Several significant findings emerged from the data, among them the importance of interpersonal relationships, experiential education and adventure, individualized programming, and community and culture. An understanding of these findings leads to a discussion on transformational mentoring and leadership as well as relational cultural practice and how this can support leaders of transition programs in further research and program development. The limitations of the study are discussed and suggestions for future studies are offered**.** This dissertation is available in open-access at OhioLink ETD Center, www.ohiolink.edu/etd and AURA: Antioch University Repository and Archive, http://aura.antioch.edu/

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Chapter I: Introduction

We live in an age and in a society that is increasingly difficult for young people to navigate. While many young people seem to move effortlessly from adolescence to young adulthood, some find the transition difficult if not seemingly impossible. Historically, adulthood was considered to begin around 18 to 20 years of age (Erikson, 1980; Havighurst, 1972). Economic and social changes have deferred the responsibilities of adulthood for many and this has led to Arnett's (2000, 2004) theory on emerging adulthood, a developmental period often characterized by fluctuations in life roles and responsibilities. As a result, emerging adults experience heightened identity exploration, exaggerated beliefs about life possibilities, a sense of instability and negativity, self-focused attention, and feelings of being in between. Emerging adulthood has been characterized as a developmental stage, between the ages of 18 to 25, with unique social and psychological issues (Arnett, 2000; Irwin, 2010; Park, Mulye, Adams, Brindis, & Irwin, 2006). Nationally, higher rates of depression, substance abuse, and psychiatric issues are reported in this age group (Kessler et al., 2005; Pottick, Bilder, Vander Stoep, Warner, & Alvarez, 2008; Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2010; U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Office of Applied Studies, 2007). Epidemiological data from the National Comorbidity Survey indicates that almost half of the population (46.4%) aged 18 years and older will experience either a psychiatric or substance abuse disorder in their lifetime and three-fourths of those lifetime cases start by age 24 (Kessler et al., 2005).

As young adults transition to more independent living situations with increased responsibility and less support, the burden of untreated problems may negatively affect adult functioning (Adams, Knopf, & Park, 2014). Mental health disorders and substance abuse can

disrupt education, relationships, career development, and positive civic engagement (Eaton et al., 2008). The difficulties that result from these adverse life experiences can lead to increased isolation, profound ambivalence, and hopelessness. If left untreated these young adults are more likely to experience significant and chronic functional impairment (Kessler et al., 2005). It has been found that 18 to 24 year olds with mental health disorders are significantly less likely to receive mental health services than adults in older age groups (Kessler et al., 2005; Pottick et al., 2008,).

In the last two decades, several therapeutic options have emerged to address the unique challenges faced by young adults. Two of the options are young adult wilderness therapy programs and young adult transition programs. Wilderness therapy is a treatment modality that is experiential and based in the outdoors with an intensive therapeutic milieu and overseen by a qualified professional (Russell, 2000; Russell, Gillis, & Lewis, 2008). Wilderness therapy falls under the umbrella of residential treatment, which is defined as a treatment setting where clients live that provides mental health services and employs licensed professionals and 24-hour staff (Pottick et al., 2008). Wilderness therapy can be a powerful intervention for young adults who have not responded to traditional treatment, needs intensive therapy, or an assessment, and stabilization (Hill, 2007).

One of the central concerns around wilderness therapy and residential treatment is whether the successes and gains are maintained once a client leaves the intensely structured environment (Hess, Bjorklund, Preece, & Mulitalo, 2012). Young adults in treatment are unique in that the goal is not necessarily about returning to the familial home; rather, it is about identifying the next step or phase of life as they navigate the developmental tasks of young adulthood. Young adult transition programs emerged to support clients as they exited the highly

structured environment of wilderness treatment or residential care and learned to navigate the real world. The National Association of Therapeutic Schools and Programs (NATSAP) defines young adult transition programs as being,

> Designed for young people over 18 needing a safe, supportive environment and life skills training as they transition into adulthood. Many offer access to 12-step programs and may have a psychiatric component. Generally they will offer educational programs that are linked to community colleges or universities or provide schooling at their location. Volunteering, employment arrangements, community service and re-integration into the community at large are general components of the programs. Many operate on a small residential model and transition to a community based, independent living apartment model. (National Association of Therapeutic Schools and Programs, n.d.-b, para. 4)

The concept and model of young adult transition programs is new in the last two to three decades and there is little research on the effectiveness and outcomes for clients. As co-founder of Dragonfly Transitions, a young adult transition program in southern Oregon, I am uniquely interested to learn what supports or hinders young adults in transition programs.

Purpose Statement

Young adulthood is a liminal phase of life, positioned between the intense turmoil and self-centeredness of adolescence and the burgeoning stability and responsibilities of adulthood. As a society we are steadily learning to understand and appreciate young adulthood in a more sophisticated manner. This developmental stage has garnered more attention from researchers around the globe (e.g., Arnett, 2007; Arnett & Eisenberg, 2007; Badger, Nelson, & Barry, 2003; C. Douglas, 2007; Facio & Micocci, 2003; Peres & Katz, 1981). Our view of young adulthood as a distinct developmental phase is partly a product of cultural and economic shifts (Arnett, 2004). It is in this period of life from late teens through the 20s that young men and women learn to find their way in the world. For some it can be a time of paralyzing anxiety and uncertainty. The awareness of increased risk for mental health disorders, substance abuse, and lack of appropriate treatment options for this age group (Pottick et al., 2008) has lead to the

creative implementation of young adult transition programs. Transition programs are diverse in their structure and range from 24/7 supervision, with high levels of clinical support, to coaching models where the young adult lives in their own apartment. The common thread is to support young adults as they form their identity and move through the transitionial period from adolescence to adulthood.

One purpose of this study is to listen to the stories and experiences of alumni from a young adult transition program, Dragonfly Transitions. A further purpose is to understand the critical moments or events that support or hinder growth and change while in a transition program. In a study of mental health utilization for young adults, Pottick et al. (2008) reported that residential care programs are inconsistent in providing appropriate treatment for young adults with mental health disorders and the study states "residential care will likely remain a scarce resource for transition-age indiviuals until policy, programmatic, and clinical issues are addressed" (p. 385). This research is a step towards understanding directly from young adults what support and services are beneficial during this developmental time period. This information can inform treatment and program development in an emerging treatment field and help to understand whether meaningful and lasting change has occured.

In this introductory chapter, I will introduce the research question and my positionality as a researcher and briefly state the research method. I will discuss the history that led to young adult transition programs, including the professionalization of private-pay treatment programs and I will introduce the model of young adult transition programs, and provide summaries of the remaining chapters.

Research Question

What are the critical incidents, interactions or events that support or hinder growth and change while in the transition program, Dragonfly Transitions?

Researcher Positionality

At an early age, and through unique educational opportunities, I developed a passion for life-long learning, curiosity, critical thinking, and creativity. Leadership has been a common thread through much of my life, although I have only fully recognized its significance in recent years. As an undergraduate I studied wilderness leadership and human development, which led me to work for Outward Bound, the National Outdoor Leadership School, and a Native Alaskan substance abuse program.

Experiential education has been pivotal in my own learning and growth and it has been a natural development to incorporate this style of learning into the philosophy of Dragonfly Transitions. Experiential education is a philosophy in which educators purposefully engage with learners in a direct experience with focused "reflection in order to increase knowledge, develop skills, clarify values, and develop people's capacity to contribute to communities" (Association for Experiential Education, n.d., para. 1). Through Antioch's Leadership and Change PhD program, I realized how powerfully I have been affected by supportive communities that foster meaningful relationships and growth, and in which individuals take ownership and pride and contribute to a caring, safe, and positive environment.

Dragonfly Transitions evolved from Dragonfly Adventures, which was started in 2000 by myself and my husband, Glenn White. The transition model came about through the need of a 21-year-old man with autism whose parents felt it was not in his best interest to remain in their home. Glenn and I worked with this young man and his parents to create a structure of support

and accountability that challenged him to live life to its fullest, while also recognizing his limitations. It was an ever-evolving, experiential process, where we had to look at what was working, what was not, and how to creatively address the challenges. We wanted to know how to better serve this individual to foster change and development. Dragonfly Transitions now has over 50 students in the program with three distinct sites, yet the core principles of experiential learning and critical reflection remain the same over time.

My interest in this research is twofold: First, as a co-founder of Dragonfly Transitions, I want to learn how alumni describe their experience and what they identify as key moments or experiences that contribute to growth and change. I want to know if the change has been lasting and meaningful. I am interested in their personal experience and as they move beyond Dragonfly Transitions what insights and reflections do they offer for us to learn and grow from. Second, because young adult transition programs are a newer treatment model, this research can offer a foundation upon which further research can grow. It is the hope that the stories and experiences of Dragonfly Transitions alumni will help inform program development and evaluation and through that it stands to contribute to the broader and growing field of young adult transition programs. As the research was conducted with alumni of my organization the research design was carefully crafted and alumni confidentialy carefully protected.

An instrumental case study research design was used to contextualize the data collection, analysis, and interpretation. The Critical Incident Technique (CIT) was used to interview Dragonfly Transition alumni. CIT is used for collecting direct observations of human behavior that have critical significance (Woolsey, 1986). Observations are recorded as incidents and described as something that makes a contribution, either positive or negative (Flanagan, 1954).

In this research the respondents were asked to recount their experience of Dragonfly Transitions and to speak specifically on what experiences supported or hindered their change and growth.

The OQ-45.2 is a well-respected self-report instrument designed for repeat measurement during treatment and after discharge and is highly sensitive to psychological change (Vermeersch, Lambert, & Burlingame, 2000). It has a critical mass of empirical support and is based on normative data (Lambert et al., 2004). The OQ-45.2 assesses three domains of psychosocial functioning:

- Subjective Discomfort (e.g., I feel hopeless about the future),
- Interpersonal Relations (e.g., I am satisfied with my relationships with others), and,
- Social Role Performance (e.g., I have too many disagreements at work/school).

The OQ-45.2 is a Likert-scale instrument that contains 45 items that computes a total score, which can range from 0 to180, with lower scores indicating high levels of psycho-social functioning.

While there is a flavor in this study of programmatic evaluation, it is not a formal evaluation of Dragonfly Transitions; rather, it aims to learn about the perspective of students who have participated in the program. Case study methodology can be used as a creative alternative to traditional approaches. It emphasizes the individual's perspective as central to the process (Creswell, 2007). Contemporary practitioners and researchers have come to appreciate the subjective richness of individual experience, and how it can guide program development (Ospina, 2004).

The qualitative approach to this case study employs a relativist perspective, which holds that different people have different opinions about what is true. No person can be said to be right or wrong (Charmaz, 2006). Relativism is the view that judgments about right and wrong, good

and bad, are all relative to an individual, culture, or time. "The principle of relativity is strong in qualitative case study. Each researcher contributes uniquely to the study of a case; each reader derives unique meaning" (Stake, 1995, p. 103).

The lens of relativism has helped examine bias I bring to the work. Dragonfly Transitions is a product of my making and has been a central part of my life for the last 16 years. A solid protocol around data collection, interviewing, coding, and interpretion was used to help manage the inevitable bias I bring to this work.

The History Leading to Young Adult Transition Programs

Young adult transition programs are a relatively new model within the private-pay treatment world and have gained increased recognition in the last ten years. It is an important time to reflect on issues of accountability, accreditation, licensure, and outcome research within young adult transition programs. To date, young adult transition programs are largely unregulated, as state licensing is rarely required or available, and there is a dearth of empirical research that speaks to best practices. Young adult transition programs are garnering recognition within behavioral health care, as evidenced by the fact that the Joint Commission for Accreditation of Healthcare Organizations now accredits transitional living under Behavioral Health Services (Joint Commission for Accreditation of Healthcare Organizations, n.d.-b, para. 3). Since transition programs are newer to the field and not required to obtain accreditation they can benefit from being proactive in examining best practices, quality assurance, and risk management.

To appreciate why this is an area of emphasis, it is important to understand the history of private-pay adolescent treatment programs and their growth in regard to licensing, accreditation, and outcome research and how this has evolved to include young adult transition programs.

What follows is a brief discussion that in no way captures all of the programs and early founders. The intention is to provide an overview of the evolution of the field in regard to programming, oversight, and outcome research.

Private-pay parent-choice schools, emotional-growth schools, therapeutic schools, and therapeutic-wilderness programs have their roots in the 1960s. It was a decade that brought about tremendous change, turmoil, and creativity. Traditional public and private education was widely challenged, and traditional interventions for adolescence with emotional or behavioral problems were criticized as harmful (Woodbury, 2004). Experiential education began to flourish and the emphasis was on how to better educate and help young people. These early alternative programs focused on character development and eschewed mainstream psychiatry and medicine (Santa, 2007). In 1967, Mel Wasserman founded the CEDU Educational Services, Inc. CEDU provided an alternative to therapeutic institutions and expanded to include several locations in Idaho and California. Many people who worked at CEDU eventually started their own programs, thus a significant number of so-called "emotional growth" or "therapeutic" programs were influenced by CEDU (Woodbury, 2004).

Transformational and experiential programs were offered prior to the 1960s, but the 1960s brought about increased emphasis in this area. Outward Bound was founded in 1941, and while it has evolved, much of the original concept remains the same. Founder Kurt Hahn believed that an intense experience overcoming challenges in a natural setting, developed individuals' sense of self-worth, heightened their awareness of human interdependence, and increased their care and concern for those in danger or need (Outward Bound, n.d.). Many of today's therapeutic wilderness programs describe the same benefits for their participants.

In the late 1960s, Larry Dean Olson discovered that students at Brigham Young University did better academically after one of his wilderness experiences. Larry went on to found Anasazi Foundation in 1988 with Ezekiel Sanchez and the Anasazi Foundation was the first program of its kind to be licensed and later nationally accredited as a behavioral healthcare provider. Larry and Ezekiel are often referred to as the grandfathers of the Outdoor Behavioral Healthcare field (Anasazi Foundation, n.d., para. 6).

Founded in 1971, Provo Canyon School also informed many programs that exist today. As a secure psychiatric treatment center, it employed several new ideas, including regarding itself as a school and referring to its residents as students instead of patients or clients (Woodbury, 2004).

In the 1980s, the field was influenced by changes in managed care that limited length of stay and created a focus on symptom diagnosis and treatment (Santa, 2007). The growth of private-pay residential programs coincided with a decline in services for high-risk students (Behrens, Santa, & Gass, 2010). In-patient psychiatric care shifted from long-term to a short-term model and many high-risk students experienced a dearth of treatment options post acute care hospital stays. These factors combined to create exponential growth in private residential programs. This resulted in an affiliation between wilderness and residential treatment approaches, where we now see a blending of medication, therapy, family systems, developmental psychology, personality development, and specific skills training that supports clients with mental health disorders combined with the alternative approaches of experiential education (Santa, 2007).

National Association of Therapeutic Schools and Programs. From these founding programs emerged other organizations that were often referred to as “mom and pop” programs

(Woodbury, 2004). These were small, owner-operated programs with a variety of therapeutic models, both residential and wilderness. As these private-pay programs for troubled adolescents grew, it became important to increase professionalism and to be recognized within the behavioral health care world.

To that end, a membership organization called the National Association for Therapeutic Schools and Programs (NATSAP) was founded in 1999 with a mission to serve as an advocate and resource for innovative schools and programs, which devote themselves to society's need for the effective care and education of struggling young people (Santa, 2007). The organization has a yearly national conference, numerous regional conferences and puts out a journal of research related to the field (National Association of Therapeutic Schools and Programs, n.d.-a). NATSAP primarily represents private-pay programs, not publically funded programs, which though comparable remain separate in terms of professional affiliations.

Membership organizations bring together people and programs with shared interests; they frequently encourage collaboration, interaction, and continued education. Such organizations may also enhance and promote an overall message as a collective versus an individual group or program. Membership organizations do not provide oversight of programs, believing instead that this is the responsibility of licensing and accrediting agencies (National Association of Therapeutic Schools and Programs, n.d.-c).

NATSAP was created as a resource for therapeutic programs throughout the United States. Its members include private residential treatment centers (RTCs), therapeutic boarding schools, therapeutic wilderness programs, and, more recently, young adult transitional programs. In 2009, NATSAP expanded their membership guidelines to state that all members must do the following:

- Be licensed by the appropriate state agency authorized to set and oversee standards of therapeutic and/or behavioral healthcare for youth and adolescents, or be accredited by a nationally recognized behavioral health accreditation agency;
- Offer therapeutic services with oversight by a qualified clinician;
- Aspire to NATSAP Ethical Principles and NATSAP Principles of Good Practice (National Association of Therapeutic Schools and Programs, n.d.-b).

NATSAP and its member programs set out to educate the public and policymakers of the need for, and impact of, these specialized treatment programs. They found themselves under growing pressure to provide evidence of efficacy (Young & Gass, 2010) and demonstrate a clear understanding of how they are effecting change (Gillis, Gass, & Russell, 2008). Due to this pressure, including a possible legislative bill that would threaten placement of children, NATSAP became an instrumental force in raising awareness of the need for research in order to discover best practices and to disseminate results through publication so that they could be implemented by programs. NATSAP now has a standing research committee, publishes the *Journal of Therapeutic Schools and Programs*, and manages the NATSAP research and evaluation network (National Association of Therapeutic Schools and Programs, n.d.-a). NATSAP encourages research and evaluation as a cornerstone of effective programming and advocacy. At the 2016 annual conference, NATSAP announced the Research Designated Program status "to be given to programs that apply and demonstrate they are involved in supplying data that is aimed at evaluating NATSAP program effectiveness and increasing the understanding of our programs impact on youth and their families" (National Association of Therapeutic Schools and Programs, n.d.-b). To date, research efforts focus primarily on adolescent residential treatment and wilderness therapy programs.

In 2000, the NATSAP membership directory had 66 member programs and in 2016 it had increased to178 member programs. The 2000 directory had 14 young adult programs and in 2016 there were 38 young adult programs (C. Brownstein, personal communication, June 30, 2016). This number of young adult programs is not limited to transition programs, as it also includes wilderness therapy programs.

Outdoor Behavioral Healthcare Center. The most notable organization for their research effort within wilderness therapy programs is the Outdoor Behavioral Healthcare Center (OBH). The mission of OBH "is to advance the outdoor behavioral healthcare field through the development of best practices, effective treatments, and evidence-based research" (Outdoor Behavioral Healthcare Center, n.d., para. 1). OBH began in 1999 under the direction of Dr. Keith Russell. It started with a study of four wilderness therapy programs, and grew to include eight research sites and seven research scientists. It has produced over 200 research studies and many publications. OBH and NATSAP are affiliated, yet have separate leadership and funding. There is some overlap in membership, but not all OBH members belong to NATSAP. OBH focuses soley on wilderness therapy programs and supports research efforts across member programs of OBH.

Outdoor Behavioral Healthcare can be defined as the prescriptive use of wilderness experiences by licensed mental health professionals to meet the therapeutic needs of clients (Russell, 2008). "In 2013 the Outdoor Behavioral Healthcare Council invited the Association of Experiential Education (AEE) to jointly embark upon the expansion of AEE's existing standards to better reflect the field of wilderness therapy's current practices" (Association of Experiential Education, n.d., para. 2). A detailed set of ethical, risk management, and treatment standards was created. AEE now offers an accreditation for Outdoor Behavioral Healthcare programs.

As we move through the historical time line of private-pay residential treatment programs, there is a clear progression, and increased emphasis on research, accreditation, licensure, and risk management. Companies and programs serving clients in the coverage and management of mental health and substance abuse treatment involve more than 100 million Americans (Substance Abuse and Mental Health Services Administration, 2010). As more organizations turn attention towards the needs of young adults, transition programs can benefit and learn from their predecessors in the field.

A gap in services. Since the mid-1990s, research has established a high level of poor outcomes for youth who transition into adulthood after being diagnosed with a serious mental illness in childhood (Davis & Vander Stoep, 1997; Pottick et al., 2008). Despite extensive services while these individuals are in their adolescence, the mental health field is only recently recognizing that we may not be serving these young adults adequately and in a developmentally appropriate manner (Pottick et al., 2008). Those with psychiatric problems in young adulthood have significantly more struggles compared to their peers in their attempt to complete school and acquire adult occupational and social roles (Pottick et al., 2008). However, the majority of young adults with substance use or mental health disorders do not receive treatment (Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2010) and the mental health field needs to better understand how to adapt services and support not only in mental health, but with the unique developmental issues of a young adult.

In the private-pay treatment field there is a particular need to support young adults being discharged from primary treatment such as residential treatment centers, therapeutic wilderness programs, drug and alcohol treatment programs, psychiatric facilities, and therapeutic boarding schools. Primary treatment provides a structured, supportive environment where the individual

is often isolated from the temptations and pressure of the real world. The simplified environment and intensive treatment provide individuals with the opportunity to learn new skills and strategies and to increase personal insight into the challenges that necessitated treatment. Research on the process of transition would lead us to believe that therapeutic gains from primary treatment would have increased sustainablity if the individual is supported upon discharge to apply what they have learned, and to practice in the real world, yet within a structured and supportive environment (Goodman, Schlossberg, & Anderson, 2006; Mezirow & Associates, 1990; Schreiner, Louis, & Nelson, 2012; Tagg, 2003).

Young adult transition programs have emerged to help address the need for support as a young adult discharges from the highly structured environment of primary care. As new young adult programs develop, there is a need for quality assurance, oversight, and accountability. There is also a need to understand if the services provided are of value, if they actually contribute to the quality of life and the successful transition of young adults moving toward a healthy and independent life. A foundation has already been laid by the adolescent treatment world, outcomes and best practice is an important issue for young adult transition programs to address, particularly if they want to place themselves within behavioral healthcare as a valuable part of the treatment process.

Young Adult Transition Association. Before looking further at the model of young adult transition programs, let us consider the newest membership organization developed specifically for those serving young adults. Due to the differences and unique challenges in serving young adults, and the increasing number of programs, program staff from a group of six young adult programs—Dragonfly Transitions being one of them—came together in the spring of 2011 to dialogue and learn from one another's experiences. It was a powerful collaborative

process despite the fact that the programs are direct competitors. There was relief in sharing programmatic challenges, family systems issues, the shadow side of leadership, and to feel support and camaraderie. Out of this initial meeting sprang the idea to found the Young Adult Transitions Association (YATA) (Young Adult Transition Association, n.d.). Like OBH, YATA is affilitated with NATSAP, but remains a separate organization with some overlap in members. YATA members are able to contribute data to the NATSAP Practice Research Network (PRN), which is the large multi-site, longitudinal data base for outcome data.

The founders of YATA are owners, program founders, and operators of young adult transition programs that have been in existence for over ten years. Members of this organization are specifically interested in increasing the efficacy of young adult transition programs; the mission of YATA is to support issues and practices of common interest, and to enhance the quality of care for young adults and their families. YATA is a membership organization that provides a forum for collaboration on issues of mutual concern, including young adult issues, operational issues, and other issues related to providing young adult transitional services (Young Adult Transition Association, n.d.).

In the fall of 2014, YATA hosted an inaugural conference. Over one hundred people working directly with young adults and their families attended the conference, making it clear that there is a desire for collegiality and collaboration within the field of young adult transition care. There was increased participation in the 2015 and 2016 conference.

At the first YATA conference, a round table discussion focused on questions of research and outcome studies and it was evident from the attendance that this is a growing priority for leaders working in young adult programs. At this time, several adult transition programs gather outcome data in various formats—others do not. Nevertheless, it was clear from this discussion

that practitioners in many programs have the desire, but perhaps not the knowledge or skills, to pursue research or outcome studies. Several young adult programs participate in the NATSAP research study, while many programs are not members of NATSAP. The consensus was that there is a need to do collective research, but also frustration around the challenge of what to measure, how to measure, and how to develop a common instrument that is relevant across the various programs

To be a full member of YATA, a program must be licensed or accredited, and engaged in outcome research (Young Adult Transition Association, n.d.). As programs increase to serve young adults with mental health and developmental needs, YATA understands the need to establish best practices and evidence-based research in this emerging market.

Young Adult Transition Programs—What Are They?

Young adult transition programs are designed to assist young people to gain independent living skills within a community that supports healthy relationships, personal growth, emotional coping skills and academic achievement. Clients include young adults who have struggled with substance abuse, poor self-esteem, depression, anxiety, mood disorders and attention deficit disorder and need assistance in making the transition to adulthood. In addition to providing therapeutic support, adults assist students in setting goals, navigating community college courses or vocational options, identifying and obtaining part-time work, and learning and practicing life skills associated with finances and independent living. Frequently students move through several program phases each with increasing levels of independence. Recreational activities (i.e., backpacking, snowboarding, rock climbing, etc.) and home living activities (cooking, repair work, gardening, etc.) are usually integrated within the treatment model. Further, students participate in individual and group therapy, attend drug and alcohol support groups, and

participate in a community that provides support as movement towards independence proceeds (P. Phelan, personal communication, February 29, 2016).

There are a wide variety of programs ranging from those that are highly structured and clinical to those that are mentor-based and designed primarily to support college or work experience. Some programs are apartment-based and others incorporate a group living experience into their model. Staffing patterns also vary. Some are staffed 24/7, and others provide structure and support during the day with no supervision overnight. Some programs are located in a town or city, while others are in more rural areas. Most programs create a structured environment to help young adults reduce harm from unproductive or high-risk behaviors, and to help them gain personal insight and direction through therapy, the social milieu, life-skills education, vocational support, recreation, health and wellness, medication management, and education. Many transitional programs also work with the parents to educate them around family systems, separation-individuation, and their role in the therapeutic journey. A high percentage of young adults participating in these transition programs have received prior treatment. Some have been in therapy from an early age, while others have gotten off-track later in adolescence; some have been hospitalized, others have been in residential treatment previously, or in a therapeutic wilderness program. Transition programs provide an opportunity for young adults to utilize skills learned in a highly structured environment in the "real world."

Currently there are approximately 27 young adult transition programs that are members of the National Association of Therapeutic Schools and Programs, and the number of transition programs steadily increased since 2000. It is anticipated that the growth will continue and this belief is supported by the positive response and support of YATA. Some of these programs are licensed or accredited by external bodies, such as the Joint Commission for Accreditation of

Healthcare Organizations (JACHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), the National Independent Private Schools Association (NIPSA), or state agencies. Many young adult programs do not yet have accreditation or licensure, as often, states do not offer licensure and accreditation is not mandatory. Some transition programs have gone the route of being licensed as partial hospitalization programs or outpatient programs for mental health or substance abuse (B. Horigan, personal communication, July 8, 2016). Accreditation and licensing is one way that programs can demonstrate quality of care and commitment to performance improvement (Joint Commission for Accreditation of Healthcare Organizations, n.d.-b). It is not yet standard practice for young adult transition programs, which creates a potential issue around accountability, risk management, and quality of care.

In order to attain accreditation and/or licensing, a program must undergo periodic external evaluation by recognized experts in the field. This provides programs with the opportunity for an in-depth review of safety and care-delivery systems. It is also a sign of the program's commitment to outside standards of review (Accreditation of Healthcare Organizations, n.d.-b). Achieving accreditation or licensure is a visible demonstration that a program is willing to go above and beyond what is mandated, and it is a sign of investment in continued service improvement.

There is increasing pressure from a variety of local, state, and national organizations for programs to become accountable and this is in conjunction with an industry-wide desire to better understand the efficacy and outcomes of these programs. This led to the research question: what critical incidents, interactions or events support or hinder growth and change while in a transition program The young adult transition field will benefit from being proactive to discover best practices and implement evidence-based research that is informed by those served.

Summary Overview of Dissertation

This chapter provided a general introduction to the purpose of the study. Chapter II reviews the literature relevant to the study, presenting major themes and findings. Specifically, literature will be considered in the area of young adult development, including the concept of transition, research efforts to date within private-pay treatment organizaitons, and the need for further research when it comes to the field of young adults in transition and treatment.

Chapter III describes the methods of Instrumental Case Study and Critical Incident Technique (CIT), and their congruence with the study. The use of CIT is addressed, including strengths and limitations, and the interview protocol. Additionally, the protocol is described for selecting research participants, collecting data, and assessing findings. The chapter concludes with a discussion of reliability and validity, and procedures for enhancing study trustworthiness.

Chapter IV provides an overview of the history and philosophy of the case, Dragonfly Transitions, and is followed by an analysis of the interviews, which include the types and frequency of critical incidents, the participation rate, and the participant perspective. The antecedents and outcomes as described by the participants and within a constructivist CIT perspective are reported. Finally, Chapter IV summarizes the incidents that support or hinder growth and change and concludes with a summary of findings.

The final chapter discusses significant findings, and examines the limitations of the study, practice implications, and recommendations for future research. Chapter V concludes with a personal reflection.

Chapter II: Literature Review

This chapter examines three key areas of literature relevant to understand young adults in transition. The first section focuses primarily on Arnett's (2000, 2004, 2007) theory of emerging adulthood and other key concepts of young adult development. The second section focuses on the concept and stages of transition, while the third section focuses on research efforts to date within private-pay therapeutic organizations. This chapter concludes with a focus on the existing gaps in research and how this study adds to the body of existing knowledge.

Young Adult Development

For centuries, scholars of human development have formulated theories about the stages of human life. The Talmud, written over 2000 years ago, has a section that outlines the ages of man from five to 100 years (Hertz, 1986). In the seventh century B.C.E., Solon, a Greek statesman and poet, proposed a theory that included ten stages of development, each lasting seven years (Arnett & Galambos, 2003). In the 20th century, Sigmund Freud divided childhood into discrete stages of development (Freud & Strachey, 1960). Erik Erikson had a stage theory of life development (Erikson, 1980), and, more recently, Levinson (1978) proposed a theory on adult development. Also important to note is the theory of attachment and the belief that a healthy person is one who has learned to confidently explore the world knowing there is an attachment figure to return to for comfort and affirmation (Bowlby, 1988). Arnett (2000) proposed the term *emerging adult* for the period from late adolescence through the mid- to late 20s. His theory has been widely used and is represented in a range of disciplines: psychology, psychiatry, sociology, law, journalism, pediatrics, philosophy, social work, nursing, geography, human development, health sciences, anthropology, and education (Arnett, 2007).

The view of adult development is based on the assumption that human beings pass through a sequence of developmental stages that are not necessarily linked to chronological age (M. Anderson, Goodman, & Schlossberg, 2012). Erikson (1980) asserted that there are stages of progression in psychosocial development and each stage is characterized by a crucial issue that must be successfully navigated or resolved before an individual can move on to the next stage. The lens of resolving developmental tasks or issues, no matter what theoretical orientation is used, is a useful way in which to view the overarching goal of young adult transition programs. Arnett's (2004) theory of emerging adulthood supports this notion.

The theory of emerging adulthood was proposed as a framework to recognize that the transition to adulthood is now long enough that it's not merely a transition but a separate period of life development. Arnett (2004) proposes five features that distinguish emerging adulthood:

- it is the age of identity exploration;
- the age of instability;
- the self-focused age;
- the age of feeling in-between; and
- the age of possibilities.

Throughout this period, the developmental task for emerging adults is to move from dependence to independence (Levy-Warren, 1999). The transition to adulthood has been researched through five external markers: leaving the parental household, marriage or cohabitation, childbearing and parenting, completion of school, and entering the labor force with a full time job (Arnett, 2004; Furstenberg, Rumbaut, & Settersten, 2005; Kokko, Mesiainen, & Pulkkinen, 2009; Shanahan, Porfeli, Mortimer, & Erikson, 2005). In addition to the external markers of adulthood, individuals have self-perceptions of movement towards adulthood, such as

accepting responsibility for their own actions, becoming financially independent, self-sufficiency, and making independent decisions (Arnett, 2004). Theorists have emphasized in recent decades that the developmental process in industrialized societies is increasingly characterized by individuation, and that individuals are often left to their own devices to make their way through the developmental process (Arnett, 2007). The process of becoming a self-sufficient person involves a process referred to as separation-individuation.

The process of separation-individuation from the family system is a normal and essential part of life and revolves around the resolution of relational tension between connectedness and distance (Grotevant & Cooper, 1986). Separation-individuation refers to the establishment of a sense of self, separate from other primary love objects, and the acquisition of one's unique individuality (Mahler, 1963). It does not simply reflect a redefinition of self but also a redefinition of the relationship with parents. Adolescents and young adults are tasked to transform their hierarchical child-like relationship with the parents into a more mutual relationship between equal adults (Aquilino, 1997).

The task of separation-individuation has significant adaptational consequences for adolescents and young adults (Kins, Soenens, & Beyers, 2012). At a minimum it involves a renegotiation of family relationships so that independence and autonomy are attained within a context of ongoing relationships with family (Lapsley & Edgerton, 2002). The goal of individuation is relational autonomy, where independence and self-governance are affirmed within the context of continuous, mutually validating relationships (Josselson, 1988). The developmental task of the young adult is to manage both separation and connectedness, while avoiding fusion, and enmeshment on the one hand or complete detachment and isolation on the other. For healthy separation-individuation to occur, the young adult and parent must find a

balance. The developmental process of separation-individuation has major repercussions for individuals' socio-emotional adjustment and identity (Kins et al., 2012).

The primary developmental challenges occur in childhood and again in adolescence and young adulthood (Bowlby, 1988). During each phase, the child gradually reduces psychological dependence on significant others, especially parents, while maintaining a sense of connectedness with them. Separation-individuation is about resolving a complex dialectical interaction between relatedness and independence (Kins & Beyers, 2010). Some young adults and parents develop dysfunctional patterns of separation-individuation that manifest as inadequate coping skills in the areas of connectedness and independence.

The themes of anxiety and avoidance reflect insecure attachment, which can affect one's ability to separate in a healthy manner (Bowlby, 1988). Those with attachment anxiety are preoccupied with social support and vigilant about abandonment and rejection and may not achieve a high level of separation. On the opposite end are individuals with a high level of avoidance, and they prefer to remain emotionally distant, and are uncomfortable with closeness or dependence on others (Kins et al., 2012). These individuals have difficulty in finding balance between independence and connection. It has been shown that both of these styles relate to depressive symptoms found in young adults (Holmbeck & Leake, 1999; Holmbeck & Wandrei, 1993) and challenges in adjusting to college life or living independently (Lapsley, Rice, & Shadid, 1989; Mattanah, Brand, & Hancock, 2004). Anxiety, avoidance, and depression all affect an individual's ability to thrive and successfully transition through the various stages of life. Due to the expanding timeframe of emerging adulthood, we can more readily grasp the need to understand the developmental hurdles faced in this time of transition. The following section introduces the concept and stages of transition.

Transition

> It's not so much that we're afraid of change or so in love with the old ways, but it's that place in between that we fear. It's like being in between trapezes. It's Linus when his blanket is in the dryer. There's nothing to hold on to.
>
> —Marilyn Ferguson (as cited in Poole, 2003, p. 96)

Within a developmental context, transitions occur in stages, with each stage building upon the next for adaptation and successful adjustments (Bridges, 1980; Hudson, 1999; Schlossberg, Waters, & Goodman, 1995). Transition refers to a psychological process that individuals undergo as they internalize and come to terms with a new situation. It is a natural process of disorientation and reorientation that creates opportunities for growth. Schlossberg et al. (1995) state, "transition can be described as any event or nonevent that results in changed relationships, routines, assumptions, and roles" (p. 39). Transitions start with an ending, a letting go, or a leaving behind (Bridges, 2009). Failure to identify and prepare for endings and losses is the greatest difficulty facing individuals in transition. As one lets go, one enters a neutral zone between the old reality and the new (Bridges, 2009). This is a time of discomfort and uncertainty and it can be a time of change, when old and maladaptive patterns can be replaced with new ones. In each transition, there is opportunity for growth. Times of transition can be a positive experience of moving toward one's full potential, or it can be a negative experience that shatters one's confidence or leads to avoidance and disengagement (Goodman et al., 2006). Whether viewed as a time of crisis or as a developmental adjustment, transitions present unique challenges, along with opportunities for growth and transformation (Bridges, 1980; Hudson, 1999; Schlossberg et al., 1995).

All transitions involve change and movement from the familiar to the unknown. Change brings stress. Not all people respond to stress in the same way, and the key element is how positively or negatively the person perceives the event. Each person responds differently to

change, adjusts at varying rates, and experiences growth or regression based on their perceptions and the quality of support provided during the transition (Schreiner et al., 2012). Moving through a transition requires letting go of old aspects of the self, letting go of old roles and learning new ones (M. Anderson et al., 2012).

Hudson (1999) highlighted the positive function of transitions and stressed that, although they can be disorienting and painful, transitions are almost always pathways for growth and discovery. Yet, young adults, who experience difficulty in the transition from adolescence to adulthood, or from high school to college, may not have a strong repertoire of coping skills or sufficient support to successfully navigate transition. They may struggle to perceive the change as a necessary part of a positive future. When individuals view a transition in a positive light, they are likely to seek out information and support, and invest effort and energy into new activities (Schreiner et al., 2012). Those who perceive a transition as negative are more likely to engage in avoidance coping skills (Schreiner et al., 2012), and deny the need for help, and perhaps use alcohol, sleep, or other distractions to escape the discomfort brought on by transition. The challenge occurs when the individual is unable to tolerate the discomfort and falls into maladaptive, avoidant behavior.

It is useful to understand what marks a successful transition, and what traits may indicate readiness for an individual to thrive in transition. The word “thrive” implies much more than just getting by in life. Thriving indicates that one is engaged socially, intellectually, and emotionally. Thriving individuals are able to engage in deep learning and growth (Tagg, 2003). Thriving individuals are able to connect to others in a healthy and meaningful way, and view the world in a positive light. They are secure in the present and confident in the future (Schreiner et al., 2012).

If a person is not thriving, interventions and environmental situations can make a difference (Schreiner et al., 2012). Individuals who thrive are able to experience life's transitions as opportunities for growth. Rarely does one experience a healthy transition without support. A community that gives them a sense of belonging, support, and connection surrounds most who thrive. Traits such as self-efficacy, self-determination, resilience, and beliefs about locus of control, all help individuals persevere in transition and thrive in life (M. Anderson et al., 2012). Therapeutic and transition programs are designed to increase these traits.

Schreiner et al.(2012) identify five hallmarks that distinguish between a successful and unsuccessful transition:

1. Individuals perceive the transition as an opportunity for growth;
2. Individuals use healthy coping skills during the transition to embrace transitional activities rather than avoid them;
3. Individuals believe they have the support they need to move through the transition successfully;
4. Individuals access resources during the transition to get information, assistance, and support;
5. Individuals emerge from the transition having grown in personally significant ways. (p. 4)

Navigating these five hallmarks of successful transition is a developmental life task. Times of transition occur within each stage of life development (M. Anderson et al., 2012), and more and more young adults are finding themselves lost and uncertain in this phase of life. These challenges, and a noticeable gap in services, have been the impetus for the niche market of therapeutic programs referred to as young adult transition programs.

Young adult transition programs are also in a time of transition, evaluation, and development. Given the experience in the last decade or so of many well-respected young adult transition programs, there is nascent knowledge regarding what works, who is best served, how to work with families, and how to create a programmatic environment that supports individuation. These programs all believe they promote change for young adults and their

families. This experiential, hands-on manner of knowing is important and not to be devalued; but as we have learned from the adolescent treatment world, it is not enough. Young adult transition programs must participate in the collaborative research efforts that have been started by NATSAP and OBH.

Program Evaluation and Research

As the previous chapter indicated, individual programs, accreditation bodies, and professional membership organizations have called for increased accountability and systematic evaluation of private treatment programs, including young adult transition programs. Measuring and evaluating change and growth systematically across programs is complicated due to the diversity of treatment models, varieties of levels of care, wide-ranging client diagnoses, differing developmental stages, and diverse treatment environments. It is understood that the change that takes place for any given person is a result of that individual's growth trajectory, circumstances, and commitment level (Fletcher, Stuebing, Davidson, & Thompson, 1991). Evaluation and research are both important and serve slightly different purposes.

While there are differing views, researchers generally agree that evaluation is a process for verifying reliability, effectiveness, cost-effectiveness, safety, ease of use, and probity (Alkin & Taut, 2002; Patton, 2011; Scriven, 1991). In most cases, evaluation includes context-specific knowledge—that is, knowledge that is applicable only within a particular setting at a particular time, and is intended for use by a particular group of people (Rose & Davidson, 2003). Further, and perhaps most importantly, the purpose of evaluation is to judge the specific worth, merit, or quality of an organization (Alkin & Taut, 2002). In contrast, the goal of research is to create generalizable knowledge that contributes to a body of knowledge in a particular field. Some authors make the same distinction, using the terms *conclusion-oriented research* and

decision-oriented evaluation (Rose & Davidson, 2003). Either way, evaluation must be "systematic, intentional, and data based" (Patton, 2008, p. 41). While the research in the present study is not an evaluation of Dragonfly Transitions, the results could lead to developing informed evaluation strategies and improved practices.

While there is ongoing discussion about theories of evaluation, authors generally agree that evaluation serves a number of specific purposes (Alkin & Taut, 2002; Patton, 2011; Scriven, 1991). For example, they refer to such purposes as understanding how effectively a program is operated; whether the program has been implemented as planned or if programmatic goals were accomplished; and, the extent to which participants experienced benefit. If participants benefited, it is important to understand the details of how, and whether there were unanticipated consequences from the program. It is also important to look at the strength and weaknesses of the program, and how it might be improved. "In the simplest of terms, evaluations are designed to answer three questions: What? So what? And, now what" (Patton, 2011, p. 5).

The information gleaned through evaluations can inform decision-making and actions around issues of learning, performance and change (Alkin & Taut, 2002; Chen, 1994; Davidson, 2009; Fitz-Gibbon & Morris, 1975; Patton, 2011; Scriven, 1991). Further, evaluation provides a credible and defensible basis for closing poor programs or expanding effective ones. Finally, evaluations provide for inquiry and social accountability (Alkin & Taut, 2002; Chen, 1994; Cousins, & Earl, 1992; Davidson, 2003; Fitz-Gibbon & Morris, 1975; Patton, 2011; Scriven, 1991).

Specifically, evaluation validates or disproves the hypotheses upon which organizations operate (Chen, 1990; Fitz-Gibbon & Morris, 1975). Further, evaluation efforts can provide a periodic check on the effectiveness of organizations and at the same time provide feedback for

areas of improvement. Finally, evaluation efforts serve to generate new understanding of specific programs components (Alkin & Taut, 2002; Popham, 1975; Scriven, 1991). Almost all authors agree that the participation of key stakeholders is essential in order to derive the maximum value from a program evaluation (Cousins & Earl, 1992). Evaluation and outcome research can help young adult transition programs move beyond nascent knowledge to an evidence-based perspective.

Evaluation and Research Efforts

As the number of private treatment programs has increased, more attention is needed to show evidence-based programming. There is public outcry for increased accountability and oversight (Curry, 1991, 2004; Lieberman & Bellonci, 2007; Young & Gass, 2008). As young adult transition programs increase their research efforts, it is important to understand what has been done, and how we can build upon, contribute to, and collaborate with, existing research efforts.

The National Association of Therapeutic Schools and Programs (NATSAP) and The Outdoor Behavioral Health Care Center (OBH) are responding to this need as evidenced by the increase and emphasis on research efforts and publication. OBH and its member programs are instrumental in "raising the bar for wilderness treatment, facilitating research on the efficacy of wilderness treatment for adolescents, and in promoting the industry" (Outdoor Behavioral Healthcare Council, n.d., para. 2). Perhaps the greatest body of research within the private-pay realm is in the area of outdoor behavioral health. This growing body of empirical research shows that wilderness programs are effective in helping struggling adolescents. Several independent studies and studies using data from a multi-center study, NATSAP Practice Research Network (PRN), examined outcomes associated with outdoor behavioral healthcare

interventions and showed effectiveness of specific private pay wilderness therapy programs (DeMille & Burdict, 2015; Gillis, Kivlighan, & Russell, 2016; Hoag, Combs, Roberts, & Logan, 2016; Leichtman & Leichtmen, 2001; Leichtman, Leichtman, Barber, & Neese, 2001; Lewis, 2007; Magle-Haberek, Tucker, & Gass, 2012; Russell, 2000, 2003a, 2005, 2008; Russell & Gillis, 2010; Russell & Harper, 2006; Russell & Phillips-Miller, 2002; Russell & Sibthorp, 2004; Tucker, Javorski, Tracy, & Beale, 2013; Tucker, Zelov, & Young, 2011; Young & Gass, 2008, 2010; Zakriski, Wright, & Underwood, 2005). To date, only one meta-analysis has been conducted on outcomes for private pay wilderness therapy clients (Bettman, Gillis, Speelman, Parry, & Case, 2016). The results indicate that private-pay wilderness therapy programs show medium sized effects in the areas of self-esteem, locus of control, behavioral changes, personal effectiveness, clinical symptomology, and interpersonal skills.

Low response rates for post-discharge data and lack of control groups are a significant limitation for research being done in NATSAP and OBH programs (Behrens & Satterfield, 2007; Russell, 2003b; Tucker et al., 2011). If young adult transition programs collaborated with adolescent treatment and wilderness treatment programs, a higher percentage of discharge data could be obtained for these programs and potentially reduce limitations in research. Approximately 85% to 90% of all students that enroll at Dragonfly Transitions start their treatment journey in an OBH member program, a NATSAP member program, or other therapeutic wilderness program. Conversations with young adult program staff suggest that these numbers are similar across young adult transition programs. OBH Programs gather data on individuals as they enter treatment, during treatment, and at discharge. If a young adult program is invested in research, and a young adult client transitions from an OBH program, there is the

opportunity for a continuum of data collection that can provide valuable information on the effectiveness of treatment and a more holistic understanding of the treatment process.

Research Efforts Across Programs

Most of the major research initiatives come out of collaborative work with the OBH Center and the NATSAP PRN. These initiatives combine to provide a growing base of research that supports positive outcomes for private therapeutic programs (Behrens et al., 2010; Behrens, & Satterfield, 2007; Bettman et al., 2016; Hoag et al., 2016; Koperski, Tucker, Lung, & Gass, 2015; Liermann & Norton, 2016; Russell, 2000, 2003a, 2003b; Russell et al., 2008; Russell & Sibthorp, 2004; Tucker, Norton, DeMille, & Hobson, 2016; Tucker, Paul, Hobson, Karoff, & Gass, 2016).

Many of these research initiatives use large samples, longitudinal designs, multiple research sites, multiple informants, and valid outcome measures. Findings across studies are similar. Clients enter treatment with high levels of dysfunction or distress (as reported by both youth and parents). During treatment, both clients and parents report a clinically significant decline in symptoms. And similar to the outcomes in wilderness, improvement is maintained at follow-up one year later. These studies provide support for the claim that private-pay residential programs and wilderness therapy programs provide a lasting benefit (Behrens, 2006; Behrens et al., 2010; Behrens & Satterfield, 2007; Bettmann, 2007; Bettmann, Demong, & Jasperson, 2008; Bettmann & Jasperson, 2008; Davis-Berman & Berman, 1993; Ewert & Yoshino, 2008).

Large-scale data collection efforts continue with the OBH Center and the NATSAP PRN. There are seven research scientists that work for OBH. All are licensed clinicians who hold faculty positions at a university, possess a PhD, and have two years minimum of experience working in outdoor behavioral healthcare (Outdoor Behavioral Healthcare Center, n.d., para. 1).

The data collection efforts are ongoing, and the data is accessible to investigators who have various research questions. Dragonfly Transitions has been part of this effort since 2012.

In order to promote and expand research efforts in young adult programs, the Young Adult Transition Association (YATA), and its members seek to collaborate with these larger-scale efforts in order to build upon the foundation of research that NATSAP and OBH have started. There is movement across these various membership organizations to figure out how to track a student throughout the entire treatment journey. Many students attend more than one treatment program, and it is valuable to have each program contribute to a collective picture of the student's progress, instead of each program holding one small portion of data.

Overall, a review of the literature reveals that there is growing evidence that private residential and wilderness treatment programs are effective. This collective body of outcome research suggests that youth improve significantly in treatment, and that treatment has a positive effect on mood, interpersonal relationships, social skills, and behavioral difficulties. Further, these improvements are generally maintained in the year following treatment (Behrens et al., 2010; Behrens & Satterfield, 2007; Bettmann et al., 2008; Hair, 2005; Hoag, Massey, Roberts, & Logan, 2013; Hong, McKinnon, Santa, & Napier, 2013; Lewis, 2007; Parad, 1983; Wright & Zakriski, 2003; Zakriski, Wright, & Parad, 2006). Authors of studies outside private-pay treatment programs point out those factors such as parental engagement, program characteristics, and individual client characteristics influence treatment outcome (Blatt, Auerbach, & Levy, 1997; Brinkmeyer, Eyberg, Nguyen, & Adams, 2004; Curry & Craighead, 1990; Shaffer et al., 1983).

Emerging Research in Young Adult Programs

While there is a growing body of outcome research documenting the impact of treatment on adolescent clients in wilderness therapy and residential treatment, similar data about young adults in treatment are conspicuously absent. At the same time, there is growing momentum among people working with young adults to come together collaboratively to address this situation. For example, The Young Adult Transition Association (YATA) currently has a research committee that is developing a common measure to use in research efforts across programs. Several young adult transition programs collect outcome data, but sample size is frequently not large enough to be statistically significant. Individuals in the world of young adult treatment are now, more than ever, looking to address these data collection challenges. Certainly, a collaborative and collegial approach will help address the challenge that practitioners face when trying to convert data into meaningful learning.

Examples of Outcome Data In Young Adult Programs

Many young adult programs are making efforts to gather both formative and summative data. In 2016, NATSAP had 178 member programs. Of the 178 member programs, 75 of them participate in the NATSAP PRN, and of the 75 PRN programs, approximately 10 of them administer the OQ-45.2, which indicates the program works with clients over the age of eighteen (M. Petree, personal communication, July, 8, 2016). There are approximately 38 member programs that serve young adults within NATSAP.

In an effort to obtain a clearer picture of evaluation and research methods that are currently in use, I corresponded with several colleagues around the country that operate young adult transition programs. I summarize the findings of measures and tools used below. This is a

small convenience sample and is not all inclusive of methods being used within young adult treatment programs.

One young adult program uses a variety of measures to assess client outcomes. The Outcome Rating Scale (ORS) is given to clients at the beginning of therapy sessions and lets them rate how they are feeling individually, interpersonally, and socially (S. Miller, Duncan, Brown, Sparks, & Claud, 2003). Staff charts the results over a client's entire stay, and a graph is created to show progress. If progress is not occurring, treatment is adjusted to facilitate client change. At the end of a therapy session clients complete the Session Rating Scale (SRS), which measures therapeutic alliance, client perceptions of therapist's style, and asks whether their session goals were achieved (Duncan et al., 2004). Again, the data is graphed, and if pre-determined cut-off scores measuring the strength of the therapeutic alliance are not met, there is discussion about what changes can be made (K. Randall, personal communication, January 5, 2015).

In addition, this particular program administers the Major Depression Inventory (World Health Organization, 2010), a self-designed family assessment (FICS), and the OQ-45.2 every quarter. The OQ-45.2 measures symptom distress, interpersonal relationships, and social roles (Lambert et al., 2004). Further, staff asks clients and their families to rate client goals as well as progress on their goals. These assessments are given to all clients and parents when they discharge from the program, and every 6 months thereafter until 24 months post discharge (K. Randall, personal communication, January 5, 2015).

Another program is part of the NATSAP research collective. To measure client outcomes the OQ-45.2 is used (Lambert et al., 2004), the NATSAP Research and Evaluation Network Consent Form, the NATSAP Staff Questionnaire, and the NATSAP Adult Questionnaire. They

also utilize the Family Assessment Device (FAD), which measures structural, organizational, and transactional characteristics of families (Epstein, Baldwin, & Bishop, 1983). Clients fill out the questionnaires upon enrollment, at 60 days, every three months until discharge, at discharge, and post-discharge at six and twelve months. Furthermore, this program administers parent, employee, and student satisfaction surveys as part of the assessment process.

The University of Rhode Island Change Assessment Scale (URICA) is used amongst several programs. The URICA is a self-report measure used to assess an individual's readiness to change (McConnaughy, Prochaska, & Velicer, 1983).

Yet another program created their own measure which measures quality of life across seven domains: Social and community and connectedness; purpose, productivity and fulfillment; empowerment and independence; emotional and psychological health; physical wellness; spirituality; and intellectual, learning and creativity (S. Young, personal communication, February 5, 2015). The program also tracks symptom improvement through the use of the Brief Symptom Inventory (Pearson PsychCorp, n.d., para.1). One of the program goals is to decrease client's feelings of hopelessness and this is measured using the Miller Hope Scale (J. F. Miller & Powers, 1988).

Another young adult program uses the Acceptance and Action Questionnaire (Hayes et al., 2004), the Five Facets of Mindfulness questionnaire (Baer, Smith, & Allen, 2004) and the Beck Depression Inventory (Beck, Steer, & Brown, 1996). These measures are administered at intake, three months, seven months, twelve months, and discharge (B. Witter, personal communication, January 16, 2015).

As we can see from this small sample there are many programs making efforts to measure client progress by gathering relevant data that is meaningful to each individual program.

Not all young adult programs are members of NATSAP and as such it means there is not an easy way to facilitate a multi-site study nor is there consistency in measures used across programs. Young adult programs that are members of the Young Adult Transition Association (YATA) are in the process of collaboratively selecting or creating a new set of measures that will foster a rich conversation about how to assess and measure effectiveness. To start the process YATA has recommended that young adult transitions programs, at a minimum, use the OQ-45.2 (Lambert et al., 2004) and follow the NATSAP research protocol. At this time, there is little research that qualitatively assesses the young adult's personal experience in private-pay mental health treatment programs. Young adult transition programs have reached a stage of development where it is timely to seek feedback directly from the individuals served by the transition model.

Further Research Needed

At this time young adult transition programs lag behind adolescent programs with respect to developing a systematic research agenda. However, given that young adult programs are relatively new and that their numbers are increasing, there is now an opportunity to create a culture that embraces the process of assessing what we do, why we do it, and whether it is effective.

There are a number of significant gaps in the literature with respect to our understanding of young adult programs. For example, we know little about specific programmatic elements that contribute to the change process (Zimmerman, 1990). While most transition programs incorporate fairly standard programmatic elements such as individual, group, family, and milieu therapy, there are no studies that specifically evaluate the efficacy of each of these treatment components. The young adult treatment field would benefit in further research around what actually fosters growth and change in this pivotal developmental stage. We would benefit from

understanding the nuances of what affects change in order to replicate positive treatment approaches and models. It is important to understand what clients in young adult programs would identify as supporting or hindering their growth and there is no better place to start than with the stories of young adults that have experienced this developmental stage while in treatment.

Through the perspective of Dragonfly alumni we learn what is relevant and critical to young adults in the program and areas in which the program can be more effective. In turn, this knowledge can provide foundational information for other young adult programs in their evaluation, research, and programmatic development process.

Chapter III: Method

There is a paucity of research that examines young adults in transitional therapeutic programs and almost none that focus on students' perspective. The nascent stage of research in this field suggests that exploratory methods may be more fruitful in uncovering the critical components of these programs. This study sought to establish a foundation of empirical knowledge that may guide practitioners in this field to understand the therapeutic factors that support or hinder young adults in transition programs. The method of this study included: an exploratory, instrumental case study to frame the context of the alumni perspectives, Critical Incident Technique (CIT) to gather and analyze alumni interviews, and the Outcome Questionnaire 45.2 (Lambert et al., 2004) to gather quantitative data on participant symptom distress and level of function post treatment.

This chapter will begin with a discussion of the characteristics and utility of the instrumental case study and CIT. The constructivist epistemological foundations of these methods will follow. Finally the chapter reports the method of the study including participants, data collection, the use of the OQ-45.2, and concludes with procedures for data analysis and establishing trustworthiness and credibility.

Instrumental Case Study

An instrumental case study provides insights into a particular issue or phenomenon with the expectation that these insights will have utility and transferability to other similar situations and be a foundation from which theory develops. Stake (1995) describes a case as instrumental when it is examined mainly to provide insight into an issue or to redraw a generalization. Case study research provides an in-depth inquiry with the capacity to study complex social phenomena in a holistic and meaningful manner with rich narrative and real-life context (Yin,

2009), gathering first-hand experience using a variety of data collection methods. Yin asserts that the case study can be an exploratory process to initiate research prior to undertaking a larger and perhaps more quantitative study, or as a tool to provide illustrations in support of quantitative data. In particular, an instrumental case study can help focus future organizational, or programmatic innovation, and can represent a significant contribution to knowledge and theory building. The objective is to understand the everyday situations, and to use lessons learned from the study to inform the work of other institutions or individuals.

The case in this research is bound within a therapeutic milieu and as such is considered an instrumental clinical case study in which the researcher seeks to understand the complex phenomena that contribute to participant change. Historically, these types of case studies have shaped both the science and practice of psychology (Tynan & Pendley, 2013) and laid the foundation for mental health research and practice. The stories, or cases, stood the test of time and cases from founders in the field of psychology still inform practice today (Behrens, 2015). However, as the field of psychology matured and shifted to statistical analyses,

> case studies were often replaced by empirical group studies that used inferential statistics to assess the relations between risk and outcome variables, the validity and reliability of measures, and the effects of interventions across groups of patients . . . However, despite the decrease in case studies in the literature, case studies still can be valuable to both researchers and clinicians. (Tynan & Pendley, 2013 p. 106)

There has been a recent call for an increase in clinical case studies (Behrens, 2015; Carlson, Ross, & Harris Stark, 2012; Ernst, Barhight, Bierenbaum, Piazza-Waggoner, & Carter, 2013; Leary, 2014; Macgowan & Wong, 2014) and they are considered a useful research design for clinical practice across professions including psychology, social work, special education, and counselor education (Bloom, Fischer, & Orme, 2009; Heppner, Kivlighan, & Wampold, 2008; Horner, Carr, Halle, McGee, Odom, & Wolery, 2005; Lundervold & Belwood, 2000).

Clinical case studies utilize analysis of an individual case to describe or explain clinical or systems phenomena (Drotar, 2009). A case may consist of an individual, a family, or a program or organization and can be instrumental in exploring the effectiveness of new interventions as well as clarifying clinical significance of outcomes (Drotar, 2011). Clinical significance refers to changes due to treatment that are meaningful for the client (McGlinchey, Atkins, & Jacobson, 2002). Kazdin (2011) defines clinically significant change as meeting any of the following criteria: a return to functioning within the normative range; no longer meeting diagnostic criteria; a large change; or improvement on a measure of high social impact.

In counseling and psychotherapy, the case study may document, evaluate and disseminate existing or new approaches to therapy or new applications to clinical problems; contribute to the development and refinement of theory; draw attention to critical issues and areas of practice; and/or contribute to training and public understanding (Carlson et al., 2012; McLeod, 2010). Yin (2009) identifies at least four different applications of the case study in research:

- to explain the presumed causal links in real-life interventions that are too complex for experimental strategies;
- to describe an intervention and the real-life context in which it occurred;
- to illustrate certain special topics; and,
- to enlighten those situations in which an intervention has no clear, single set of outcomes.

The benefits of case study research explored by Carlson et al. (2012), McLeod (2010) and Yin (2009) support the argument that the instrumental case study is a useful method of research in a field with a dearth of information regarding outcomes and therapeutic factors that support or hinder young adults in treatment.

Dragonfly Transitions is one transition program among an estimated seven that have been in operation for over fifteen years. While each program has distinctive qualities, Dragonfly is representative of this type of treatment model and as such can inform a broader base of research through the instrumental case study. The study of Dragonfly corresponds with Carlson et al.'s (2012) perspective that a case study's unique contribution is the ability to represent complexity and generate pragmatic knowledge.

The case study may utilize different types of data collection and analysis, including both qualitative and quantitative methods, within the same investigation. This case study used the CIT, which follows a specific protocol and process for gathering information through interviews. Including interviews as the primary source of data collection is consistent with Gremler's (2004) view that one of the most important sources of case study information is the interview. Another advantage of the CIT is its ability to account for contextual variables that are grounded in individual experience (Chell, 2004; Kain, 2004). Thus the case study approach is particularly suited with its focus on context to include CIT.

Although the study sought to understand social and emotional phenomena from the perspective of the participant as reflected in their interviews, it was also deemed important to have a baseline measurement of their emotional and mental health to triangulate the qualitative data. The OQ-45.2 is used to understand the level of function of participants in the realms of symptom distress, interpersonal relationships, and social roles. The OQ-45.2 scores in this study document whether participants scored below the clinical cut off and provide comparison of this samples scores to other NATSAP and Dragonfly samples.

In summary, this instrumental case study used the qualitative CIT method in conjunction with the quantitative measure of the OQ-45.2 for data collection, analysis and interpretation.

Critical Incident Technique

It was determined that the Critical Incident Technique (CIT) within the framework of an instrumental case study was the best method to capture the student experience of supportive and hindering incidents during their tenure at Dragonfly. An advantage is its usefulness in the early stages of understanding a phenomenon (Chell, 2004) and as stated previously in this report there is a paucity of research in the field of young adult treatment. CIT was used in this study for these reasons:

- it offers well-proven and clearly defined guidelines for data collection and analysis;
- it focuses on human experiences;
- it enables the development of practical outcomes for program development, participant experience, and quality control;
- it is relatively flexible; and
- it has been used successfully in other therapeutic, organizational, and assessment studies.

CIT allows the participants' stories to speak for themselves and the goal is to seek unique experiences and meanings of participants to understand and bring to light a pattern that may apply to other people and contexts (Butterfield et al., 2005). It is important to understand the roots of the method, and how the CIT has evolved over the years.

History of the Critical Incident Technique

In the 19th century Sir Francis Galton laid the foundation for the CIT through his studies on human differences and inheritance of intelligence (Butterfield et al., 2005). However, it was John Flanagan who formally developed CIT, as it is known today. Flanagan (1954) used the CIT

for studies conducted in the Aviation Psychology Program of the United States Army Air Force and described it as:

> A set of procedures for collecting direct observations of human behavior in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles. The critical incident technique outlines procedures for collecting observed incidents having specific significance and meeting systematically defined criteria. (p. 327)

Since its introduction, and because of its versatility, CIT has been used in a range of disciplines that include the aviation industry, research personnel (Flanagan, 1954), managers (B. Anderson & Nilsson, 1964), growth-group leaders (Cohen & Smith, 1976), education (Engelking, 1986; Kain, 2004; Schwartz & Holloway, 2014; Tripp, 1994; Wodlinger, 1990), speech and communication (Query & Wright, 2003; Stano, 1983), women's self-actualization (Woolsey, 1986), psychology and counseling (Chell, 2004; Chouliara, Karatzias, & Gullone, 2013; Woolsey, 1986), nursing (Kemppainen, O'Brien, & Corpuz, 1998), and social work (Dworkin, 1988; Mills & Vine, 1990).

In his seminal work, Flanagan (1954) was interested in occupational performance and related psychological constructs. As he described it, CIT is rooted in a positivist approach in which the researcher seeks measurable, quantitative data. It has since been adapted and used within a constructivist paradigm, which explores how people interpret and understand their experiences (Chell, 2004). CIT is a proven and widely used qualitative research approach that offers a practical step-by-step approach to collecting and analyzing information about human activities, and the significance to the people involved (Butterfield et al., 2005; Gremler, 2004), and is recognized as an effective investigative and exploratory tool (Chell, 2004; Woolsey, 1986).

The appeal of CIT is largely in its systematic approach to the significance others place on a given event.

> People assign meanings to their experiences, and when we group together collections of such meanings in order to make sense of the world, we engage in a kind of research, a seeking of understanding. The critical incident technique provides a systematic means for gathering the significances others attach to events, analyzing the emerging patterns, and laying out tentative conclusions for the reader's considerations. (Kain, 2004, p. 85)

In the earliest use of CIT, it was applied primarily to investigate activity requirements (Flanagan, 1954) of particular jobs, and this remains an important use of the method. By examining the common experiences of a broad range of occupational communities, critical incident researchers can uncover important patterns and these findings can lead to selection criteria, training programs, and evaluation tools (Kain, 2004).

Over the 50 years since its inception, CIT has proven responsive to changing research approaches (Butterfield et al., 2005). Flanagan (1954) stated that the technique "does not consist of a single rigid set of rules governing such data collection. Rather it should be thought of as a flexible set of principles that must be modified and adapted to meet the specific situation at hand" (p. 335). CIT has been modified in various ways, extending beyond strict scientific behavioral analysis to a more holistic inquiry into various aspects of the human experience and the meaning that people attach to incidents (Chell, 1998). Researchers have shifted from concerns about objectivity and generalization toward individual perspectives and retrospective self-reports that seek the significance that individuals attach to their experience (Chell, 2004; Kain, 2004). The method elicits rich detail and creates a forum for participants to express their feelings and to make meaning of an event. Butterfield et al.'s (2005) review found that since 1987, virtually all CIT studies have used retrospective self-report, and the trustworthiness is partially based on the quality and depth of detail reported.

Components of a Critical Incident Study

Flanagan (1954) laid out five phases of a critical incident study, and other researchers have since adapted the process to fit the application to the purpose of the research (Cohen & Smith, 1976; Freeman, Weitzenfeld, Klein, Riedl, & Musa, 1991). As described by Flanagan (1954) and summarized by Butterfield et al. (2005, pp. 477–479), CIT comprises five main steps, each with several key components:

1. Ascertaining the general aims of the activity being studied
    a. What is the objective?
    b. What is the person expected to accomplish?
    c. Do the experts involved agree upon the objectives?
2. Make plans and set specifications
    a. Define the types of incidents to be observed or studied
    b. Determine whether the incident is relevant
    c. Who will engage in the study?
3. Collect the data
    a. Determine how the data will be collected (observation, interview, survey, focus-groups, or group interviews)
    b. Sample size, saturation, and number of critical incidents per participant
4. Analyze the data
    a. Create a categorization system that summarizes and describes the incidents
    b. Identify the emergent thematic coding of the incidents
    c. Perform cross comparisons of the incident and themes
5. Interpret the data and report the results
    a. Determine biases and limitations

CIT organizes the reported incidents around three stages used to understand and make meaning of an event (Butterfield et al., 2005; Holloway & Schwartz, 2014; Schwartz & Holloway, 2014):

1. Antecedents—events or thoughts that precede the critical incident;

2. The critical incident or experience with a detailed description;

3. The outcome, consequence, or impact.

> Critical incidents are not "things" which exist independently of an observer and are awaiting discovery like gold nuggets or desert islands, but like all data, critical incidents are created. Incidents happen, but critical incidents are produced by the way we look at a situation: a critical incident is an interpretation of the significance of an event. To take something as a critical incident is a value judgment we make, and the basis of that judgment is the significance we attach to the meaning of the incident. (Tripp, 1994, p. 8)

The interview has become an important component of CIT; as such Chell (2004) provides a slightly different definition with more emphasis on the interview:

> The critical interview technique is a qualitative interview procedure, which facilitates investigation of significant occurrences (events, incidents, processes or issues), identified by the respondent, the way they are managed, and the outcomes in terms of perceived effects. The objective is to gain an understanding of the incident from the perspective of the individual, taking into account cognitive, affective and behavioral elements. (p. 48)

Uses of the Critical Incident Technique

CIT has a number of appropriate uses, and over the years it has expanded substantially to be used for job requirements, selection and evaluation criteria, training programs, counseling, and to find shared patterns among specific groups (Butterfield et al., 2005). CIT has been used as a means of reflection and enhanced understanding (Chell, 2004) and can help create a better understanding of specific practices and beliefs (Tripp, 1994).

Particularly relevant to this study is the use of CIT in the therapeutic field of practice. Through the process of inquiry the results can lead to increased understanding and personal insight (Eisner, 2003). CIT has been adapted to focus more on feelings, thoughts, and why an individual behaved in a certain manner (Chell, 2004) and this builds on the practice of focusing on what the person did, why they did it, the outcome, and the most satisfying aspect of the

incident (Butterfield et al., 2005). In the last four decades, CIT has been more often used within a constructivist framework (Butterfield et al., 2005), and in a therapeutic context. Examples are found in the following studies: Wark (1994) used the technique to study clients' and therapists' perception of change in therapy. Bedi, Davis, and Williams (2005) used CIT to identify and categorize the variables that clients consider important for forming and strengthening a positive therapeutic alliance. Chouliara et al. (2013) researched survivors' experiences of recovering from childhood sexual abuse, while Khandelwal (2009) used CIT to gain students' perspectives on teaching behaviors that differentiate excellent from poor performance of undergraduate college teachers. Plutchik, Conte, and Karasu (1994) used the technique to obtain a list of client behaviors that create difficulty for psychotherapists.

Advantages and Limitations of the Critical Incident Technique

One of the advantages of CIT is its connection to real-world examples and behaviors (Kain, 2004) and this is of particular relevance within an instrumental case study. Another major advantage is its usefulness in the early stages of exploring an understudied phenomenon (Kain, 2004). As an inductive methodologist, the CIT researcher avoids hypotheses and operates with a flexible set of rules to let themes or theories emerge directly from the data (Woolsey, 1986) and in this way, CIT can identify issues that deserve further attention and research.

CIT studies do not present the participant with preconceived questions, definitions, or constructs; and researchers do not force participants to provide experiences within a given framework. This allows participants to freely develop the context using their own perspective (Gremler, 2004). The technique collects data from the participants' perspective; and participants decide which incidents, situations, events, or activities are the most critical, memorable, or salient (Gremler, 2004). Authentic accounts provide meaningful insights into how a group of

participants experience a particular environment or service. The thematic analysis of such stories can be instructive for management and organizations when training frontline staff on which behaviors or interventions support or hinder when interacting with clients (Gremler, 2004).

There are also a number of potential disadvantages. CIT is not considered a high-status research practice, and it is unfamiliar to many researchers, with the notable exception of industrial and organizational psychology (B. Anderson & Nilson, 1997). Over the years, CIT has gained more momentum and is now being used in health care and service-related industries; however, its novelty can make it difficult to convince grant committees or editors that the method is warranted (Kain, 2004).

There is a great deal of flexibility within the research process, and each researcher is left to work out the specifics of the study. This may not be comfortable for some because it requires insight, experience, and judgment in research processes as well as the subject being studied. If a researcher wants a more formulaic system, CIT is a poor choice (J. Douglas, McClelland, Davies, & Sudbury, 2009).

CIT relies on self-reports and such reports may be inaccurate or may be insufficiently rich in detail, thus yielding a limited dataset (Kain, 2004). From a constructivist perspective, however, the self-report is a strength, and the voice of the participant is being captured in a unique and profound way. While CIT is subject to the critique of subjectivism, this can be mitigated with the use of coding partners, and credibility and trustworthiness checks throughout the research process (Butterfield et al., 2005).

Similar to work with other qualitative methods, the researcher does not use a tested instrument to conduct the study; rather, the researcher guides the interviewee through the telling of the experience. The researcher probes participants' responses and may encourage them to

provide greater detail in areas particularly relevant to the purpose of the study. The researcher then categorizes the reported incidents in an inductive process and synthesizes the various categories and themes in order to interpret and make meaning of the results (Butterfield et al., 2005). The constructivist underpinnings of CIT are well matched with the instrumental case study and support the applications of the case study identified by Carlson et al. (2012), McLeod (2010) and Yin (2009). In particular the instrumental case study combined with CIT contribute to the development of theory; draw attention to critical issues; contribute to program development, evaluation, and training; start to make meaning of presumed links to therapeutic interventions; and draws awareness to outcomes and future research needed to further explore the phenomena of the therapeutic milieu within a young adult transition program.

The Constructivist

The most dominant epistemological influence underlying my research comes from a social constructivist perspective because human behavior cannot be understood without referring to the meaning and purpose that the individual constructs from their unique perspective (Guba & Lincoln, 1989). The intent of this study is to understand how individuals who have engaged in personal change of cognitive beliefs, attitude, and behaviors attach meaning to this experience. The meaning and purpose that the participants attach to the experience of being in the young adult transition program will best inform effective program design, practice, and evaluation.

As a constructivist, I did not seek a single, universal, objective reality across all participants in the study. Rather I trusted that multiple human realities would emerge from the different perspectives of each participant and support a rich and textured understanding of the phenomenon under study (Charmaz, 2006). Constructivism emphasizes the importance of the subjective relationship between the researcher, the participant, and the meaning that is

constructed between them. Researchers in their humanness are part of the unfolding reality rather than objective observers. This tenet of constructivist and interpretive methods played a critical role in the design of the study, and is of particular importance due to my role within the organization. As noted in Chapter I, I am a co-founder of Dragonfly Transitions and, as such, have a formed mental model of the organization as being a healing and instrumental space for the awareness and growth of young adults in transition to adulthood. Throughout the research process, it was critical for me to reflect and examine my assumptions and beliefs as they emerged in the research process and to be transparent about my own subjective views in my relationship to the body of research and my co-researchers. As numerous scholars of constructivist work have argued, the researcher needs to balance the individual narrative with analytical findings (S. Jones, 2002). "To the best of their ability, constructivists observe the phenomenon and gain multiple views. They acknowledge that their interpretation of the phenomenon is itself a construction" (Bryant & Charmaz, 2007, p. 607). In designing and writing of the research, I have used the tools of the method and my co-researchers to describe, "the experiences of others in the most faithful and accurate way possible" (Munhall, 2001, p. 540). As Guba and Lincoln (1989) propose, values and biases of the researcher must be acknowledged, as they are an inevitable part of the outcome.

Method of Study

The five phases of the critical incident study as described by Flanagan (1954) and the qualitative CIT interview process as described and adapted by Chell (2004) provide the framework for the research process, data collection and analysis. As discussed in Chapter II, there is little or no published research regarding the efficacy of young adult transition programs. This study was a first step in identifying key research issues, developing a knowledge base for

further investigation, and supporting conceptual modeling for programs (Woolsey, 1986). This study explored factors that supported or hindered change and growth within one case of a young adult transition program, Dragonfly Transitions.

Participants. Dragonfly Transition alumni from between the years of 2010 and 2015, were considered for participation in the research. The sample size started with 266 alumni and any student who was enrolled with Dragonfly Transitions from 2010 to 2015 was considered for the sample. Several alumni did not have current contact information in the Dragonfly electronic health care record and were eliminated from the sample, along with any alumni that were known to be in active psychosis or were currently residing at a treatment program. Any student who was a client of mine while at Dragonfly Transitions was removed from the list due to ethical considerations. I did not influence and was not involved in the selection or invitation of participants. Alumni were informed that their name and participation would be kept confidential from me to support credibility, trustworthiness and to manage bias of the participant feeling obligated to respond in any particular manner due to their relationship with me.

The final potential sample included 188 alumni and an invitation was sent out via email with an explanation of the research and the process to participate. If interested, the alumni were instructed to email or call the designated Dragonfly Systems Coordinator, Sara Arredono, to receive the consent and demographic forms, OQ-45.2 questionnaire (Lambert et al., 2004) and to schedule an interview with Dr. Borjesson. Dr. Borjesson holds a master's degree in counseling and philosophy and a doctorate in philosophy and conducted all the interviews. At the start of the study Dr. Borjesson was completing a clinical internship with Dragonfly Transitions and had not yet accepted a contract to work with Dragonfly nor was he pursuing employment with the organization. He was not employed or affiliated with Dragonfly Transitions between 2010 and

2015. There was no apparent vested interest in the outcomes of the interviews and Dr. Borjesson provided a impartial, yet skilled approach to the interview process.

Demographics. Within the 188 alumni sample there were no exclusionary criteria and not all alumni had a successful completion of the program. The length of stay amongst the sample ranged from 61 days to 618 days. The average length of stay at Dragonfly Transitions is 274 days, with the average length of stay among those that participated in the study, 329 days. Twenty-one alumni immediately responded to the initial invitation; two declined to participate, and two did not follow up to schedule an interview, making a total of 17 alumni interviewed. There was no follow-up email sent to elicit further participants due to the fact that saturation was reached with the 17 participants. Among the 17 that participated, the distribution per year was fairly even with the exception of 2011, which contained three or four more participants than other years.

Students at Dragonfly identify as male, female, transgender, genderqueer, nonbinary, or cisgender. The electronic health care system has only recently been upgraded to reflect the variety of personal identification. Thus the range of identity is not accurately represented in the study. Using a mainstream perspective, the average census at Dragonfly typically has a ratio of one female to two males. The ratio of participants in this study was three females to one male.

The current average age of participants in the study was 23.5 with a range from 21 to 26 years of age and a median of 23 years of age. Ethnically, Dragonfly is predominately Caucasian and this was also the case in this sample. However, race and ethnicities included Caucasian, Multi-Ethnic, Hispanic, and Asian.

The 17 participants self-identified with a range of clinical diagnoses that is congruent with a typical Dragonfly student. Diagnoses included: obsessive compulsive disorder,

co-dependent relationships, post traumatic stress disorder, anxiety, social anxiety, depression, suicidal ideation, substance abuse/addiction, bulimia, bipolar disorder, trauma, mood disorder, and low self-esteem. The most commonly mentioned, as is true for most Dragonfly students, was anxiety and depression. It should be noted that none of the participants identified technology abuse/screen addiction, which is a common treatment issue for many Dragonfly students.

Interviewing. Due to the sensitive nature of the study I remained separate from the interview process so as not to bias or inhibit responses of the interviewees, to protect confidentially, and to support the integrity of trustworthiness and credibility of the study given my relationship to the organization. Written consent and authorization was obtained prior to the start of the interview process.

Semi-structured interviews were used as the primary method for data collection. See Appendix A for the interview protocol. Seventeen participants were interviewed and further interview participants were not elicited as at the completion and coding of 17 interviews, it was determined that exhaustiveness or saturation of data was reached. This means reaching a point at which no new themes were emerging in the interviews. The goal was to gather four supporting incidents and four hindering incidents from each participant (Chell, 2004). However, the interviewer was counseled to be cautious and not to be overly insistent in eliciting a specific number of incidents within the interview.

The following excerpt provides an example of the questions and dialog used by Dr. Borjesson at the beginning of the interview. Dr. Borjesson clarified the reason for the study and typically started with the following statement:

> First of all before we even get started, I want to thank you very much for being willing to be part of the study and taking the time to talk with us about your experience at

> Dragonfly. I know you probably read through the materials that were sent, but I want to reiterate that the idea in this interview is because young adult transition programs are relatively new, the idea is that you and other alums of the program are going to have a valuable perspective to add. The aim of this conversation will be for you to have a chance to talk about incidents in your time at Dragonfly that supported and/or hindered your growth and change. I also wanted to say that if anything in this conversation brings up difficult emotions or issues, you are welcome to talk with one of the other Dragonfly therapists about anything that is brought up.

Before directly inviting alumnae to talk about incidents, Dr. Borjesson would ask questions that elicited responses that addressed the antecedent and outcome an important part of the critical incident process: "The first thing I want to do is just ask for some background information. Can you briefly describe why you enrolled with Dragonfly and whether you were in treatment before Dragonfly?" Following the alumni response he would ask: "If you're comfortable sharing it, I'd be interested in knowing how you're doing now and what you're up to." This initial exchange served as a foundation and icebreaker and, from there, the dialog easily shifted to the alumni sharing specific incidents that supported or hindered. Throughout the interviews, Dr. Borjesson used probing or clarifying questions to elicit rich description of the incident and to understand the meaning that the alumni made of the experience. Before the end of the interview, Dr. Borjesson always outlined the follow up process as shown by the following example:

> I think it's on the form as well, but when I receive the transcript of our conversation, I will send it to you and if you have any issues or want to clarify anything, you can either say that you don't want these things in the interview or retract or edit if you like. You'll have that opportunity.

All interviews were recorded and transcribed by an online freelance service with no connection to, or knowledge of the Dragonfly program. I never had access to the recorded interviews and the transcripts were only given to me once Dr. Borjesson had reviewed them to ensure that all identifying data of alumni and staff had been removed. The transcriptions of the interviews were then entered into the application, Dedoose, with code identification to protect

the confidentiality of the interviewee. Dedoose is an online software system designed to help the researcher organize qualitative data such as interviews (Dedoose, n.d.).

The study reached 327 supporting and hindering incidents, well over the 100 incidents standard set by Flanagan (Flanagan, 1954).

Outcome Questionnaire 45.2. The Outcome Questionnaire-45.2 (Lambert et al., 2004) was administered to each participant within days of the interview. In this study the OQ-45.2 is used to compare the NATSAP OQ-45.2 research data, the Dragonfly Transitions OQ-45.2 research data, and is compared to the mean OQ-45.2 score of all interviewed participates. The scores provide a snapshot of the level of function of interviewees at the time of interview and shows whether clinical gains were maintained beyond treatment. The OQ-45.2 is used to triangulate data from the interviews, and to examine if clinically significant improvement was obtained and maintained beyond treatment. Figure 3.1 compares NATSAP OQ-45.2 data with Dragonfly Transition OQ-45.2 data, and the mean OQ-45.2 score of all participants in this dissertation. This is a small sample size both of Dragonfly Transition data and numbers of alumni interviewed for this study and is not considered statistically significant. Lambert et al, (2004) outline normative comparison scores for the OQ-45.2 in which a score of 93 is indicative of a person that is receiving in-patient treatment and is experiencing symptom distress, interpersonal difficulties, and difficulties with a social role. A score of 45 is representative of a community sample, and a score of 63 is the clinical cut off with reduction of 14 points from enrollment being deemed as clinically significant. The mean OQ-45.2 score of study participants is 52.

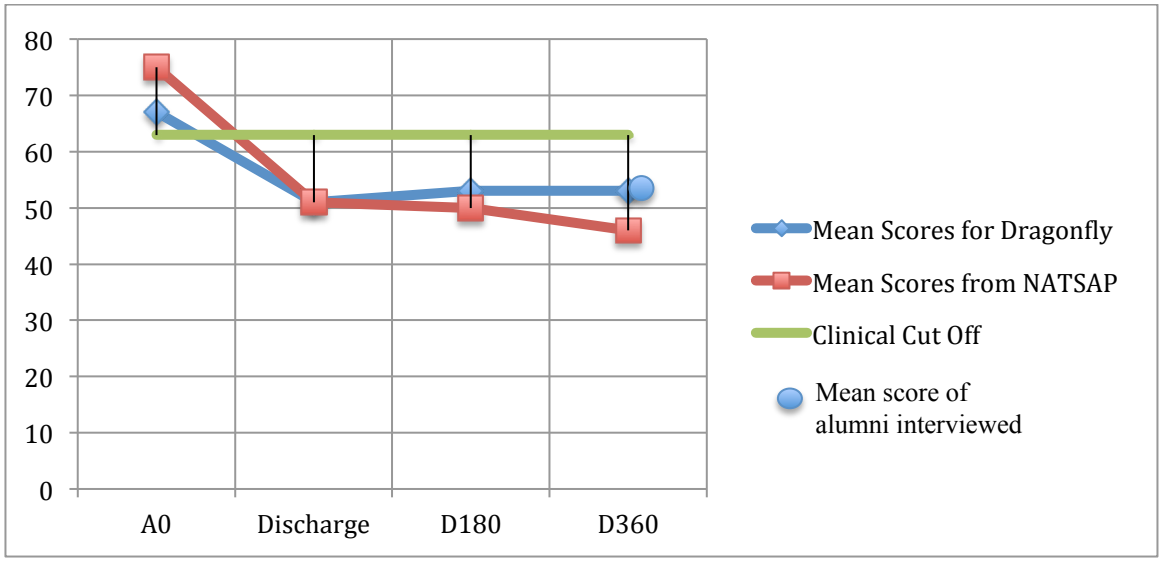

Figure 3.1. Mean OQ scores from Dragonfly, NATSAP and alumni interviewed for dissertation.

Analysis and Interpretation

The transcripts were coded in accordance with CIT structure of coding and the analysis used an emergent coding approach with a constant comparative method of analysis (Holloway & Schwartz, 2014). First the types of incidents were determined as reported by each participant and then a classification scheme was created based on the interviews. Then a process of thematic coding was employed, which allowed the content of the interviews to guide the identification of codes.

Coding. Charmaz (2006) describes coding as the critical link between data collection and meaning making. It is an analytic step that brings forward selected codes that have significance and patterns and these then become the basis for more abstract and generalized codes and meaning making. Saldana (2013) stated that coding within "qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, or evocative attribute for a portion of language based data" (p. 3). A code is a researcher-generated construct that symbolizes interpreted meaning of the data for the purpose of

pattern detection, categorization, theory building, and other analytic processes. The code is intended to capture and represent the data's primary content and essence (Saldana, 2013). During the coding process, the researcher abandons preconceptions and allows the data and analysis to generate the explanatory framework. Thus, detailed coding, which reflects interviewees' descriptions and meaning of the event is designed to maintain the integrity of their experience and to ensure the confirmability of the coding process.

Data analysis. The study used a coding team in order to gain multiple perspectives, to reduce my influence and to minimize bias. Coding teams support the researcher to remain open to new ideas and concepts and provide an important layer of objectivity. Dr. Borjesson was the primary coder and coded all 17 transcripts. Dr. Kalakay, the second coder, had significant experience in CIT research and coding; he coded 10 of the same transcripts independently thus providing a layer of credibility. The process of verifying codes and themes across different coders increases credibility and as Butterfield et al. (2005) stated, "the higher the concordance rate, the more credible the claims that the incidents cited are critical to the aim of the activity" (p. 486).

The first step of analysis included a first reading of the transcripts in which the primary coder, Dr. Borjesson, determined the types of incidents being reported and he created a classification scheme based on the interviews. Dr. Holloway and Dr. Kalakay reviewed the types of incidents and determined that they were relevant to the purpose of the study and consistent with CIT method. In the event that there was a difference of opinion in the codes, the two coding partners discussed their respective thoughts and came to a consensus on the coding.

The next step of analysis utilized the Dedoose software's query and report capability to organize the thematic codes by incident type in order to determine if there were any thematic

connections across incidents (Schwartz & Holloway, 2014). All codes were analyzed and organized along thematic connections and each categorization included a support or hinder sub-category to further separate and identify incidents. Next, the relationships between the themes were examined. In the final phase, I interpreted the findings in relation to the supportive and hindering incidents experienced within Dragonfly and as described by the participants of the study sample.

Establishing Trustworthiness of the Study

In qualitative research, the terms *reliability* and *validity*, used in quantitative research, are redefined as establishing trustworthiness of the data through the adherence to the following principles of rigor: credibility, transferability, dependability, and confirmability.

> Credibility looks at believability from the standpoint of the participant. Transferability looks at the extent to which the results can be transferred to another setting or context. Dependability concerns whether independent researchers can obtain the same results, and confirmability concerns whether the results can be corroborated or confirmed by another. (Klenke, 2008, p. 38)

Together, these principles determine the trustworthiness and authenticity of qualitative research (Lincoln & Guba, 1985).

The context of qualitative research and the trustworthiness of a study is established when a validation process is built into all aspects of the research design rather than by an evaluation that occurs at the end of a study (Kvale, 1994). Butterfield et al. (2005) recommended incorporating the following nine data-analysis checks into CIT studies:

> 1) extracting the critical incidents using independent coders; 2) cross-checking by participants; 3) having independent judges place incidents into categories; 4) tracking the point at which exhaustiveness is reached; 5) eliciting expert opinions; 6) calculating participation rates against the 25 percent criteria established by Borgen and Amundson (1984); 7) checking theoretical agreement by stating the study's underlying assumptions and by comparing the emerging categories to the relevant scholarly literature; 8) audio-taping interviews to ensure participants' stories are accurately captured; and, 9) checking interview fidelity by getting an expert in the CIT method to listen to a sample of interview tapes. (pp. 490–491)

All nine of the credibility checks were used in this study in order to follow the principles of rigor, with extra diligence given my unique relationship to the case. My study design and implementation were aligned with the following principles and practices intended to enhance trustworthiness:

- Prior to the solicitation of participants, interviews, transcripts or coding confidentiality protections were implemented to ensure that participants could not be identified.
- Participants' stories were captured and recorded on audio-tape and then transcribed and de-identified though the transcription process.
- Once the interview was transcribed it was sent to the interviewee for crosschecking. In this way credibility is established by asking participants to confirm that they were accurately represented.
- Interview fidelity occurred through a process of Dr. Borjesson being trained by an expert in CIT, Dr. Holloway, who then independently read several transcripts and provided feedback to ensure that the fidelity of the interview continued after the initial training. In addition, I read all transcripts and evaluated that the interviewer was consistent, upheld the rigor of the research design, and did not ask leading questions (Butterfield et al., 2005).
- Two independent individuals, aside from myself, coded and placed incidents into categories. The purpose was to examine the level of agreement between what the primary coder defined as a critical incident and how the independent coder defined the critical incident. There were several phone calls to discuss coding, talk through areas of difference and to reach consensus on the coding structure. The higher the

level of agreement, the higher the credibility (Butterfield et al., 2005).

- During the analysis phase I submitted the categories to Dr. Borjesson and Dr. Holloway for review and to confirm that codes represented the narratives and to determine the relevance of the analysis to the research purpose.
- The participation rate as described by Butterfield et al. (2005) was calculated within each critical component or theme that emerged.
- Checking theoretical agreement is described in Chapter V and includes examining the study's underlying assumptions and categories and comparing them to relevant scholarly literature (Butterfield et al., 2005).
- Transferability or relevance of the findings to similar programs is determined by the reader considering the following questions: Can the incidents that are heard in the interviews be applied to other programmatic experiences? Can the incidents be applied to other young adults in therapeutic programs? If the identified incidents include context and characteristics that are common to the young adult experience, then transferability is established.

This chapter has discussed the characteristics and utility of the instrumental case study and CIT as used with a constructivist epistemological foundation. I reported on the method of the study including participants, data collection, the use of the OQ-45.2, and concluded with procedures for data analysis and establishing trustworthiness of the study. Chapter IV provides an overview of the history and philosophy of the case, followed by an analysis of the interviews, which includes the types and frequency of critical incidents as described by the participants.

Chapter IV: Data and Findings

> You can't go to Dragonfly, you can't just expect to wake up every day and just do the motions and expect to get anywhere in your life. You need to actually put some effort and work into it. I guess that's what it is for transitioning into the new world. You can't get through life doing nothing.
>
> – A Dragonfly Alum

This chapter begins with an overview of the history and philosophy of the case, Dragonfly Transitions. This is followed by an analysis of the interviews, which include the types and frequency of critical incidents, the participation rate, and the participant perspective. The antecedents and outcomes as described by the participants and within a constructivist CIT perspective are reported. Finally the chapter summarizes incidents that support or hinder growth and change and concludes with a summary of findings.

The Case: Dragonfly Transitions

Dragonfly Transitions is a 9 to 12-month program for young adults discharging from a primary treatment setting such as wilderness therapy or a psychiatric setting. The program is designed with progressive phases and a variety of living environments based on student interest and readiness. Dragonfly works with students to support transition into a healthy young adult life with independence and autonomy. The goals include an opportunity for real world experience while providing a stable, supportive environment where students can try new things. Students can attend college, volunteer, work, and engage in a variety of fitness and recreational activities. The overarching goal is to support students in a sustainable, meaningful, and uniquely individual life path. Dragonfly did not start as a transition program for young adults nor did we envision what it has become today. In June of 2000, my husband, Glenn White, and I launched Dragonfly Adventures, a customized wilderness program for individuals and families, based on the belief that the outdoors is an effective vehicle for growth, awareness, self-discovery, and change. We are often asked "Why the Dragonfly"? This is an important question and the name

and symbolism behind Dragonfly remain as relevant today as from the first day we opened. The dragonfly, in almost every part of the world symbolizes change that is rooted in mental and emotional maturity and a deeper meaning of life. The dragonfly's agile flight and the ability to move in all six directions exude a sense of power and poise; and as it moves with grace and elegance across the water, it is said to represent an act of going beyond the surface to look deeper. The symbolism behind the name supports what we ask of our students and families: to delve deeper, to learn to navigate life with grace and wisdom, and to embrace the maturity that happens through meaningful change experiences.

In retrospect, a large leap of faith was taken to start Dragonfly Adventures as we had no financial backing, very little savings, and certainly no five-year business plan. We had worked for other therapeutic organizations, but had little to no business experience nor had we been fully in charge of running all aspects of an organization. We did have determination, work ethic, common sense, entrepreneurial spirits, and no idea of the amount of work and sweat equity this process would entail.

Within the first year it became evident that the model as originally envisioned—customized wilderness experiences for individuals or families—was not sustainable and through the work in wilderness we saw an emerging need for community-based treatment for young adults. Within two years we had expanded the organizational structure and added Dragonfly Transitions. The last official Dragonfly Adventure trip was run in 2008 as we saw the need to focus our efforts on the transition model for young adults. The outdoors continues to be utilized within the transition program to provide recreational and experiential learning opportunities for students. The organization has continued to expand and evolve over the years and is best defined by its philosophy of organic growth, evaluation of what works, what doesn't,

and how to continually improve and better serve and provide opportunity for our students. Figure 4.1 provides a timeline of the evolution of Dragonfly through the years 2000 to 2016.

Figure 4.1. Dragonfly's organizational timeline.

In 2010, A Leap of Taste and Aerie Acre were added. A Leap of Taste is a café and deli that is open to the community of Klamath Falls and Aerie Acre is an organic farm where Dragonfly Transition students grow produce to sell at Farmer's Market. Following several years

of operation as a transition program, it became evident that students were often paralyzed by anxiety when it came to the job search and could benefit from more formal job skills training in a supportive and understanding environment. A Leap of Taste offers a 10-week job skills curriculum that allows students to gain confidence in their ability to work. In 2012, Aerie Acre expanded and moved to the Homestead, which sits on 30 acres and has space for 8 men and a variety of animals that are part of student responsibility and care. The Homestead offers a softer landing for students coming from wilderness therapy or other residential settings.

In 2011, Dragonfly became one of the six founding organizations of the Young Adult Transition Association (YATA). The core values of the organization are collaboration, transparency, and authentic learning to better improve programming and service to young adult and their families. The founding organizations of YATA each have over 10 years in business and in serving young adults.

In 2014, Dragonfly expanded to Ashland, Oregon, which is located just 70 miles from Klamath Falls. The Klamath campus has space for 41 students in five residences, while the Ashland campus can house up to 11 students, men and women. Students on the Ashland campus have demonstrated readiness and motivation to continue their growth and development with increased independence and involvement in the community.

In 2016, Dragonfly Transitions earned Behavioral Health Care Accreditation through the Joint Commission (the non-profit body that accredits accredits and certifies thousands of U. S. health care organizations (see Joint Commission for Accreditation of Healthcare Organizations, n.d.-a). The Joint Commission's Gold Seal is a symbol of quality and reflects an organization's commitment to providing safe and effective care with ongoing quality improvement and risk management. Dragonfly underwent a rigorous onsite accreditation evaluation. The review and

evaluation looked at compliance with behavioral health care standards in several areas, which included: care, treatment, and services; environment of care; leadership; and screening procedures for the early detection of imminent harm. It was an exhaustive evaluation as onsite observations and interviews were conducted with both employees and students of Dragonfly Transitions. Findings from the Joint Commission accredidation process support the tenets of this study in the importance of including the student voice in the treatment process and in providing avenues for the student to feel engaged and empowered to impact change within their community.

While the case of Dragonfly Transitions itself is of secondary interest to the study, it does provide an example of a program that has been in operation for over 16 years and has demonstrated evolution and attention to areas of program development, and accreditation and research; all areas that are of common interest to member organizations such as the National Association of Therapeutic Schools and Programs (NATSAP) and the Young Adult Transition Association (YATA). Given the longevity of Dragonfly within the field and the reputation earned, this case plays a supportive role in understanding the greater phenomenon of young adults in treatment. This case can focus future programmatic innovation and evaluation and contribute to greater knowledge and theory building.

Analysis of Interviews

In keeping with the structure of CIT coding and analysis, an emergent coding approach was used. In the first step of analysis, the types of incidents were determined as reported by the participant. The interviewer then developed a classification scheme, grounded in the unique data captured in the interviews. Codes for incident types and themes emerged from the participants' description of incidents. The emergent themes were examined and placed within categories in

terms of relevance and then further separated into supporting and hindering categories. The following section examines the types and frequency of critical incidents, participation rate per incident and the participant perspective, including antecedents and outcomes. The critical incidents are organized into conceptual categories that emerged from the thematic analysis: Interpersonal Interactions, Community and Culture and Program Components.

Figure 4.2 provides an overview of the structure of the study using the CIT perspective. This is followed by a discussion on the types and frequency of critical incidents.

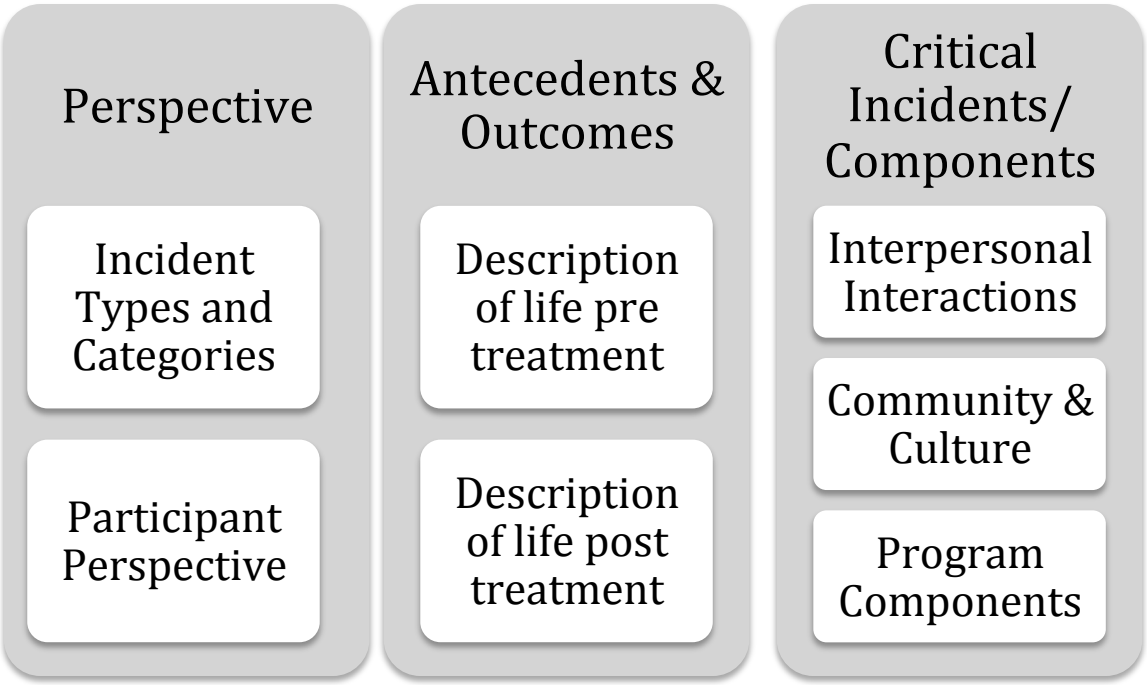

Figure 4.2. Structure of the study using the CIT framework.

Types and frequency of critical incidents. From the 17 interviews, 327 unique incidents were isolated and characterized as either supporting or hindering. Research participants identified 248 supporting incidents and 79 hindering incidents. These distinct incidents fell into an initial three categories of critical components defined as: Interpersonal Interactions, Dragonfly Community and Culture, and Program Components. Within the category of program components, experiential education and adventure were reported frequently and with

a much higher participation rate than the other categories. Due to the high number of incidents reported, *Experiential Education and Adventure* is later classified as a category separate from program components.

Interpersonal interactions reflect the interaction, exchanges and relationship between a participant and another individual. Interactions with mentors were most frequently reported, followed by interactions with a therapist, and then peers.

The Dragonfly Community and Culture speaks to the larger context of the therapeutic milieu and reflects how the participant feels about and experiences the environment as a whole.

The Program Components are specific parts of the program that participants referenced and include mention of a wide range of specific structure, rules and activities within the program.

Experiential Education and Adventure demonstrates a program philosophy of hands on learning where students reflect on and practice new skills and ways in which to interact in the world beyond treatment.

Table 4.1 shows the identified critical components and the corresponding number of incidents. Each category has a *support* or *hinder* classification and this is followed by the number of sources, which indicate how many alumni mentioned a specific incident, category or theme. A high number of sources indicates consistency and importance of a category; for example, if 14 of the 17 participants or sources talk about mentor interactions this is an indication that the category is an important area to examine.

Table 4.1

Critical Components and Corresponding Number of Incidents and Number of Sources

CRITICAL COMPONENTS		NO. INCIDENTS (NO. SOURCES)
Interpersonal Interactions		
Mentor Interactions		
	Support	45(14)
	Hinder	13(6)
Therapist Interactions		
	Support	22(14)
	Hinder	12(6)
Peer Interactions		
	Support	19(12)
	Hinder	1(1)
Dragonfly Community & Culture		
	Support	43(13)
	Hinder	7(6)
Program Components		
Experiential Education & Adventures		
	Support	32 (11)
	Hinder	1 (1)
Check Sheet		
	Support	4 (2)
	Hinder	6 (5)
Dating Policy		
	Support	7 (3)
	Hinder	7 (7)
Exercise		
	Support	9 (5)
	Hinder	0 (0)
Family Therapy & Workshop		
	Support	9 (4)
	Hinder	0 (0)
Medication &Medical Management		
	Support	4 (3)
	Hinder	13 (6)
Groups		
	Support	8 (6)
	Hinder	9 (6)
Leap of Taste		
	Support	6 (5)
	Hinder	2 (2)

Life Skills		
	Support	14 (9)
	Hinder	3 (2)
Life Story		
	Support	8 (5)
	Hinder	2 (2)
Phases of the Program		
	Support	7 (5)
	Hinder	3
	Total	327
	Support	248 (76%)
	Hinder	79 (24%)

Participation rate per incident. Participation rate is one method for establishing credibility of categories. The nine credibility and trustworthiness checks were previously explained in Chapter III. Participation rate is calculated by determining the number of participants who cited a specific incident, or in this case who referenced a particular category or theme. The participation rate is divided by the total number of participants, which in this study is seventeen (Butterfield et al., 2005). For example: the category on mentor interactions had 14 participants that shared supportive incidents about mentor interactions. I then divide 14 by the total number of participants (17) for a participation rate of 82%.

Borgen and Amundson (1984) established the rate of 25% participation in order for a category to be considered valid. Table 4.2 shows the participation rate for each critical component and the bold indicates categories that met or exceeded 25%, indicating credibility of a component.

Table 4.2

Participation Rate to Determine Validity

CRITICAL COMPONENTS		PARTICIPATION RATE %
Interpersonal Interactions		
Mentor Interactions		
	Support	82%
	Hinder	35%
Therapist Interactions		
	Support	82%
	Hinder	35%
Peer Interactions		
	Support	70%
	Hinder	.5%
Dragonfly Community & Culture		
	Support	76%
	Hinder	35%
Program Components		
Adventures/Experiential Education		
	Support	65%
	Hinder	.5%
Check Sheet		
	Support	1%
	Hinder	29%
Dating Policy		
	Support	17%
	Hinder	41%
Exercise		
	Support	29%
	Hinder	0%
Family Therapy & Workshop		
	Support	23%
	Hinder	0%
Medication & Medical Management		
	Support	17%
	Hinder	35%
Groups		
	Support	35%
	Hinder	35%
Leap of Taste		
	Support	29%
	Hinder	12%
Life Skills		
	Support	52%
	Hinder	12%
Life Story		
	Support	29%
	Hinder	12%
Phases of the Program		
	Support	29%
	Hinder	.5%

The participation rates as shown in Table 4.2, lend creditability to the categories with the highest participation rate which were previously described and are:

- Interpersonal Interactions;
- Community and Culture;
- Adventures/Experiential Education; and
- specific Program Components.

The following section looks at the participant perspective from which the critical components emerged.

Participant perspective. The interviewer shared that alumni were forthcoming and open in describing their experience at Dragonfly and were able to easily share, identify, and recall in detail both supporting and hindering critical incidents. No attempt was made to correct perceived accuracy of a description or experience and the data included in this report are wholly the alumni's unedited retrospective experience. The incidents were typically spoken of in broader context than one specific incident that led to an epiphany or process of change. Descriptions were of an overarching experience, type of interaction, or specific part of the program that either supported or hindered the personal experience at Dragonfly Transitions. Later in this report incidents are conceptualized and referred to as *critical components,* and placed within the categories defined as: Interpersonal Interactions, Culture and Community, Experiential Education and Adventure, and Program Components. This adaptation of language from the original framework of CIT is common within a constructionist approach (Chell, 2004) and yields a more understandable and meaningful dialog given the nature of the interviews. The language of critical components more accurately captures the depth and nature of findings (J. Douglas et al., 2009). The framework of antecedents, incidents, and outcomes, as suggested

by Butterfield et al. (2005), is also conceptualized in a broader perspective and supports the language, descriptors, and manner in which information was reported by participants. Each incident that is reported was not necessarily preceded by an antecedent or followed by a specific outcome as is traditional within the CIT structure; instead the alumni consistently described the antecedent as life pre-Dragonfly and the outcome as life post-Dragonfly. In this study the antecedent is what lead to treatment and the outcome is how treatment impacted participant lives post treatment. Table 4.3 presents the original CIT framework and the adaptation applied and used in this research. The following section uses excerpts from the interviews to further understand the antecedents and outcomes as described by the participants.

Table 4.3

Framework of Antecedents, Incidents, and Outcomes Used in This Dissertation

Original Critical Incident Labels	Adaptation
Antecedent to critical incident	Best understood as how the alumni experienced life prior to treatment.
Critical Incidents	Critical components of participant experience that was significant. How alumni made meaning of and talked about experiences while enrolled with Dragonfly Transitions. What supported or hindered growth and change?
Positive and Negative	
Outcome to critical incident	How alumni currently experience and describe their life post treatment.

Note: Based on concepts outlined in Butterfield et al. (2005).

Antecedents and Outcomes

As participants shared critical or meaningful interactions, events or program components they also described both the antecedent and outcomes, in which they compare and contrast their life experience pre and post treatment. Their descriptions often included insights into how mental health, social interactions, and overall cognitive beliefs changed through the process of treatment and how this in turn currently impacts their engagement in day-to-day life. The participant OQ-45.2 scores completed at the time of interviews triangulates the narratives shared below. These overarching descriptions provide the context in which to understand the meaning and relevance applied by the participants to the more refined analysis and meaning making of critical incidents and components.

The section that follows describes the antecedents that led to treatment and the outcomes experienced by participants one to five years post treatment, depending on the year they were enrolled with Dragonfly Transitions. Antecedents and outcomes have been combined in this section in order to directly compare and contrast pre and post treatment statements.

All of the alumni interviewed engaged in therapy or treatment programs prior to Dragonfly Transitions and often from an early age. Often, a wilderness therapy program was the initial catalyst for change and readiness for a transition program such as Dragonfly. The stories told about life experiences prior to treatment describe anxiety, depression, isolation, multiple diagnoses and mis-diagnoses, trauma, lack of insight, suicidal ideation or attempts, substance abuse, and dis-connection with self, others and community. In contrast, stories about life following treatment describe connection, support, perseverance, and insight regarding life challenges.

Alum P13 described the antecedent leading up to treatment and the combination of personal challenges within the dynamics of the family system:

> I'd been seeing mostly individual therapists since about the age of 12. I've seen counselors and psychologists, psychiatrists for OCD. I think that was really the focus, but there was just a lot of poor communication at home with my parents, a lot of anger management issues, just very little understanding of emotions on my behalf and I think everyone in my family.

In contrast to the antecedent is the outcome Alum P13 shared what life is like for them in the present moment:

> I am doing really well now. I live in an apartment-style dorm on campus . . . I have three wonderful roommates. I'm very happy. I'm just enrolling as a full time student. I have had academic success in the past two terms. I've gotten my first real life job and held it for three months now.

Alum P5 shared how the skills that they learned in treatment are being applied in their current life with the recognition that life still presents challenges. Prior to treatment, Alum P5 "was struggling with bulimia and severe depression, severe anxiety, all the DSMs [Diagnostic and Statistical Manual of Mental Disorders]." Following treatment Alum P5 stated:

> I am working on my associates for human services and then I'm going to get my DSW, MSW and then I want to become a DBT [Dialectical Behavior Therapy] therapist. I'm struggling a lot right now. I am kind of in my depression and it sucks and I hate it. At the same time prior to treatment I wouldn't fight and I'm fighting right now. I have good resources, I have good friends, I have good support and I'm sure that we'll talk about this later, but Dragonfly helped with that. It really, really did.

P16 shared that prior to treatment they "had a therapist before going to Wilderness Therapy, but some of it wasn't really helping and so I had a lot of depression and anxiety and I was getting into a lot of trouble." In contrast, P16 describes how the experience at Dragonfly supported job skills and improved familial relationships: "I've been working for about a year and six months now. Dragonfly instilled in me a lot of confidence in getting a job . . . and having a better relationship with my family."

Alum P9 described the long journey of treatment and showed that it can often take many treatment placements and challenging life lessons before reaching a calmer more stable stage of life. The story of P9 reinforces the fact that treatment is not a linear process and in this case, the treatment journey started before Dragonfly and continued beyond Dragonfly.

> I was in three residential treatments before Dragonfly. They were all focused on mental health. I was there as an adolescent before I turned 18 and then Dragonfly was a follow up program to that. I was extremely depressed and suicidal. I had several suicide attempts. I was on drugs. I was on crystal meth since I was 16. I had a lot of discontent between my family and I. We would fight a lot. I had aggression issues; I had an assault charge when I was younger. I've stolen money from my parents. I was just really bad news when I was a young kid.

About life following treatment, P9 shared:

> I'm doing better. I relapsed about a year ago. I ended up going to rehab about a year ago, followed by two outpatients, which I didn't complete and then another round of rehab in March. I'm currently in sober living and doing well.

The narratives above are contrasted with the OQ-45.2 score of participants, which resulted in a mean score of 52 and a median of 46. These scores reflect that clinical symptoms have remained below the clinical cutoff of 64 for participants in this study. The mean OQ-45.2 score demonstrates sustained benefit beyond treatment for these 17 participants.

Incidents That Support or Hinder Growth and Change

When participants were asked about incidents that supported or hindered the process around growth and change, it was evident that the time following discharge from treatment had allowed for meaning making and insight. It appeared that the alumni had time to reflect upon the experience as a whole as well as on individual incidents, interactions, or significant moments and this allowed for increased awareness and the ability to apply meaning to an expanded and broader perspective. Their ability to articulate their experiences and the wisdom and insight offered in the interviews was commendable, vulnerable and meaningful for young adult organizations.

What emerged from the analysis of the data was a pattern of responses that revolved around three main themes and the incidents appeared as intermediary steps between what they described as critical and significant and the resultant outcomes or behaviors as described in their lives beyond treatment.

Participants often made statements that fit into several of the categories within the coding structure. There is overlap and symbiosis of the themes within the categories, further supporting the importance of the critical components: interpersonal interactions, community and culture, and individualized program components.

In the sections that follow, each emergent theme is examined and includes supporting references from the data. The participants identify each critical area discussed as either supporting or hindering their growth and change while at Dragonfly Transitions. Examples of actual incidents are used from the participants' own stories and are placed within context of the critical components and shared to illustrate the basis of classification. The section for each component starts with a table showing the details of critical components with subthemes organized into supporting or hindering incidents, followed by the number of incidents and how often an incident is referenced or reported by alumni. Figure 4.3 below provides an overview of the three main categories of critical components with subthemes listed below.

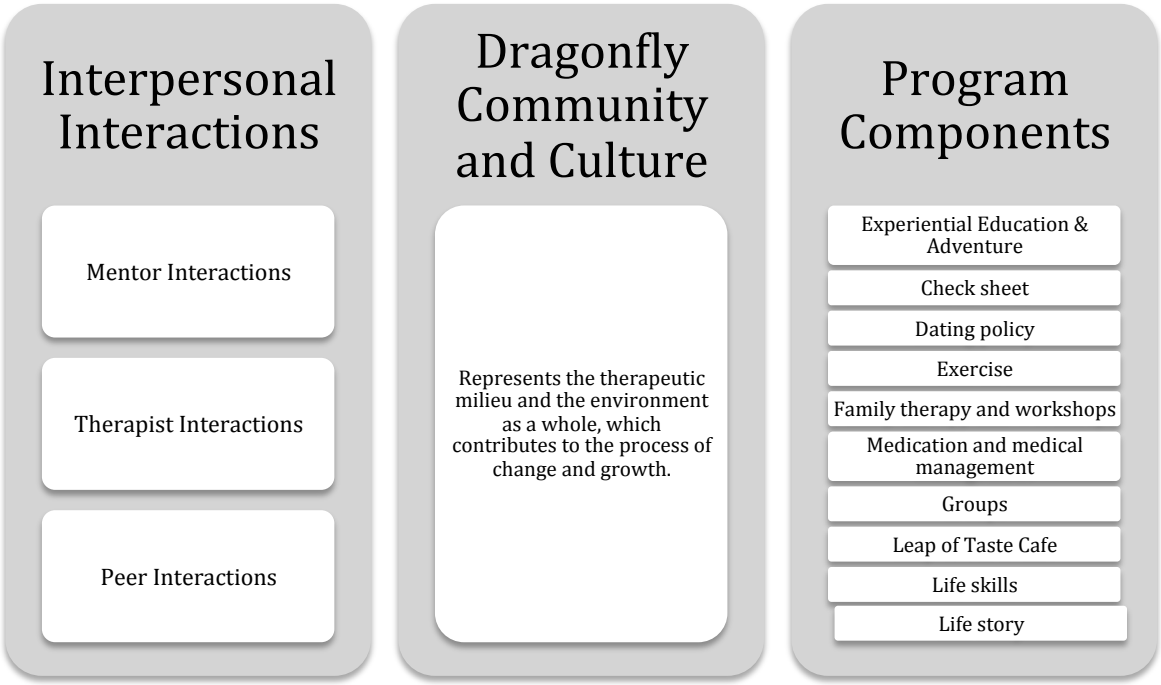

Figure 4.3. Critical components and subthemes.

Interpersonal interactions. Interpersonal interactions are referenced often and reflect an interaction, exchange or relationship between two individuals. Interpersonal interactions contribute to the culture and community of Dragonfly, the process of change, and have the potential to directly impact outcomes and a participant's experience of treatment. Interpersonal interactions between participants and a mentor, therapist, or peer, account for 34% of the total 327 incidents (110 of the 327 total).

Mentor interactions. Table 4.4 reflects all critical components that emerged in the category of mentor interactions. This level of description is important in describing the critical elements as either supporting or hindering the process of change and growth. There is a table for each category; each table follows this format as described and lists the corresponding number of incidents and sources associated with each incident.

Table 4.4

Details of Critical Components: Mentor Interactions

Supportive Interactions (14 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (6 Sources Total)	# Incidents (# Sources)
Connection	5 (5)	Inappropriate comment in public	3 (3)
Supportive	5 (4)	Authoritative	2 (2)
Having Fun	4 (4)	Lack of trust	2 (2)
Boundaries	4 (3)	Mentor changes (new mentor)	1 (1)
Working Alongside/Not Just	4 (3)	Labeling the student	1 (1)
Telling	3 (3)	Not a good fit	1 (1)
Being Treated Equally	3 (2)	Lack of support	1 (1)
Empathetic	2 (2)	Need to work on their own	1 (1)
Listened	2 (2)	issues	1 (1)
Straight Forward Communication	2 (2)	Not the brightest	
Being Human	1 (1)		
Validation of Effort	1 (1)		
Going Above and Beyond	1 (1)		
Advocating	1 (1)		
Challenged/Pushed	1 (1)		
No Judgment	1 (1)		
Didn't Try to Fix	1 (1)		
Trust	1 (1)		
Respect	1 (1)		
Good Mentor Fit – Personality	1 (1)		
Feelings of Safety	1 (1)		
Feeling Like a Priority	1 (1)		
Accepted			

Within the supporting incidents of mentor interactions, the most frequently reported themes are of connection, support, boundaries, fun, working alongside the student, and being treated equally. Mentors are the direct care or line staff within Dragonfly Transitions. They

have the most direct contact with a student on a daily basis and they are responsible for the daily structure, accountability, and support. Mentors work with the therapists to support the master treatment plan and help the student to apply the treatment plan to their day-to-day life. The duties of a mentor are diverse. It could be taking students to the gym, teaching them how to prepare dinner, administering medications, administering a drug test, or sitting and listening to a student in crisis. Mentors are best described as the backbone of the program and the role is critical to the integrity and effectiveness of the program. The mentor knows if a student is able to get out of bed on time, how they may be interacting with their peers or how well the student manages the daily schedule. The collaboration between mentor and therapist is crucial in the success of the program and in its support of the student.

The mentor-student relationship developed with boundaries and a balance of support, fun, and engagement in activities with the student were a common area discussed by the alum during their interviews. The supporting relationships had a positive impact in building confidence, learning to advocate for themselves with other adults, and in feeling cared about and supported.

Alum P8 spoke about the confidence developed through the work with Mentor X as they were encouraged to engage outside of Dragonfly and look for work. The support and encouragement allowed this student to believe in their ability to work through anxiety and to obtain work.

> Mentor X would help you with finding a job that would suit you and preparing for the job. He also instilled some confidence in me or helped me find my own confidence for things outside of Dragonfly, and that was very helpful.

Another alum, P12, talked about how helpful it was to have a mentor do things with her: "she and I went to exercises classes over at Mychal's Place together . . . She would get me moving and that was helpful." Several of the alumni spoke to the importance of having a mentor

willing to work alongside and engage in an activity with the student versus just telling them what or how to do something.

In the interview with Alum P3, one sees the importance of the mentor-student relationship and connection in conjunction with boundaries and genuine care.

> I felt like a human that's with an authoritative friend . . . She knows when it's appropriate to share personal things. . . . I do know a lot about Mentor B, but she's very good, very good at separating her life from yours . . . from the little I know, she's been through a lot too and just enough so she can empathize, but not enough so that I feel like she's projecting. . . I like her happiness and enthusiasm, and I feel like she genuinely cares about you. And she's smart too.

Alum P9 spoke about developing relationships through the adventure trips and the type of personality traits within a mentor that they found supportive:

> She was always very supportive. She was kind of quirky and I really liked that. She was always really upbeat . . . Trips allowed us to connect with the mentors on a more personal level. Because a lot of them were younger like us, so being able to connect with somebody similar to your own age that has maybe had similar experiences to you was really helpful. It helped us like a bonus point like you just don't have a therapist, but you also have somebody who has maybe been through the same things with you, who has a little bit more experience than you but maybe help.

As with several other partcipants, Alum P14 talked about how important the support and suspension of judgment is to the relationship: "The mentors, for the most part, they're really great. They were very supportive and the less judgmental they were, it tended to be the better the mentor."

Alum P8 expanded on an incident in which they experienced support from a mentor and shares key elements of that interaction that made it a significant experience:

> She listened a lot and she wasn't trying to fix me. She wasn't telling me what I needed to do to get fixed. And that's what I needed at the time and I think she saw that. I think if I had gone and asked her what can you give me to help, I'm sure she would have had suggestions, but I think what I needed at that time was somebody who would listen and understand and I think we connected on that because it didn't feel like there was any judgment. She just felt sad for what I was going through and that alone was very supportive. So just the understanding of what somebody is going through without trying to fix them I found was very much what I needed at the time.

Hindering incidents in mentor and student interactions were also referenced. The most frequently reported were inappropriate public comments, the mentor being too authoritative, and having lack of trust in the student.

Alum P3 described an incident of feeling embarrassed by the mentor in a public setting. This interaction impacted the level of trust and rapport between student and mentor. This comment and attitude diminished the student's trust in the mentor to support them in their work and impacted the ability to work effectively with one another.

> We get to the counter and I have my credit card, but she is with me, my mentor. So the woman at the cash register asks, because there are two adults standing in front of her, "are you paying for this or is she?" And she refers to my mentor. And I said, "I am." And mentorr goes and says, "She isn't paying for it, her mother is."

The theme of trust was spoken of again by Alum P4 who did not feel trusted by the mentor; this hindered the relationship. "It feels like the trust piece wasn't there and that like threw me off after that point to where I could not—I don't know, I couldn't take her word for anything really."

Participants highlight the importance of all staff maintaining a balance between structure, accountability, and freedom and supporting students to step into an adult role. This is a skill that not all mentors have found the balance for, as evidenced by Alum P14. This is another example of how students don't like to be told what to do and how the style of communication and engagement is critical. Alum P14 said:

> It seems like Mentor Y had a very strong idea of how things should be even if it wasn't that way. It was kind of authoritarian . . . she was perfectly nice for the most part, but she was very her way or the highway and that did not work with me at all. Because I'm an adult and I wasn't there to be told what to do, I was there to be guided on what to do.

Given the high frequency of interactions between program students and line staff or mentors, both supporting and hindering interactions play a role in a student's perception of the

organization, their experience of the community and therapeutic milieu, and likely their own personal engagement in the therapeutic process.

Therapist interactions. Table 4.5 reflects all of the themes, incidents, and number of sources reported in the critical component category of therapist interactions.

Table 4.5

Details of Critical Components: Therapist Interactions

Supportive Interactions (14 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (6 Sources Total)	# Incidents (# Sources)
Challenge/Push	7 (7)	Not a good fit	3 (3)
Good fit	6 (6)	Didn't like how they handled a situation	2 (2)
Compassionate/empathetic	3 (3)	Wanted more sessions	2 (2)
Accepted/seen as a human not a patient	2 (2)	Over-sharing	1 (1)
Empowering	2 (2)	Difficult to trust therapists in general	1 (1)
Available/willing to make time	2 (2)	Inexperienced/new	1 (1)
Teach skills & strategies	2 (2)	Communication style	1 (1)
Patient	1 (1)	Labeled the student	1 (1)
Supportive	1 (1)	Not enough	1 (1)
Non judgmental	1 (1)		
No pressure	1 (1)		
Longer term therapy/relationship	1 (1)		
Mutual respect	1 (1)		
Interaction outside an office	1 (1)		
Boundaries	1 (1)		
Advocate			

The therapists at Dragonfly Transitions work with the student on an individual basis to provide therapy, develop the master treatment plan, and to routinely assess progress and whether the student is engaged and benefiting from the services provided. The therapist is the primary

contact and source of communication for a student's family and referring professional. The master treatment plan includes goals around clinical diagnoses as well as goals in the areas of life skills, education, fitness, vocation and recreation. Dragonfly therapists typically meet with a student once per week, facilitate family therapy every other week and are in the milieu and run a variety of groups. The most frequently reported themes within supporting incidents of interactions between therapist and student were therapists' ability to challenge or push the student; the student feeling like the therapist was a good fit for them; the therapist being empathetic and compassionate; and the student feeling accepted and not seen as a patient.

The experience, communication style and ability of a therapist to maintain rapport and also challenge the student were discussed by many of the alum in the interviews. A particularly poignant paragraph comes from Alum P6, in which they speak about the long lasting impact of being challenged beyond what they believed they were capable.

> Therapist X was great. She pushed me. She pushed me hard and I'm glad she did because I'd probably not be in the position I'm in now. I got into some rough areas when I was out there, some patches where I wanted to just give up and it was too hard and I'm glad I had the two people, my mentor and her to push me to try harder.

Even though some alums disliked the dating policy, several, like Alum P9 were able to see the benefits, particularly as they worked with their therapist on coping strategies and specific areas of challenge in their life. The following quote also supports the notion that not all skills or concepts are embraced initially, yet a seed has been planted and the educational foundation laid for when a student may choose to apply it in their life.

> I remember talking to my therapist and I had requested to date this person and he said that I needed to be working on myself and eventually I got that idea through my head. It was months later after I had already left Dragonfly that that stuck with me, the idea that you need to be working on yourself before you can be in any sort of relationship. And that really helped me through several tough relationships that I had afterwards, just the idea of putting yourself first and not letting yourself be bullied or bulldozed over. I did really appreciate working with him on that.

The willingness of a therapist or mentor to make themselves available and for a student to feel genuine care and concern, not simply a means to a paycheck, were common areas discussed in the interviews. P13 captured the essence of care, feeling heard and that someone would follow up with them:

> I think all the therapists I've worked with at Dragonfly and all the mentors were always really caring. Even if they were in the middle of doing one thing, they'd find you afterwards. Some understood certain struggles better than others, of course, but I think they all really listened when I spoke to them, which is great. So again, their availability or the way they made themselves available was really helpful.

Alum P3 nicely summarized the importance and powerful therapeutic impact of positive relationships and connection between therapist and students by stating "I felt accepted as a human and not a patient, and therefore increased my confidence. They made me the functional person who I am today."

The most frequently reported themes within hindering incidents of interactions with a therapist, were most commonly described as the relationship not being a good fit, the student not liking how a situation was handled, or wanting more sessions than were being offered.

Alum P3 articulated the self-awareness, sensitivity, and perhaps shame experienced by students when faced with talking about consequences for an action. The quote below reflects how communication styles impact the delivery of a consequence.

> I was there because I was breaking boundaries with guys and just not really getting it. And I think the therapy the way that they approached—or my therapists and mentors approached it—was negative to me. It just made me feel like an outcast I guess. I got punished for it, I don't know why I wouldn't get punished for it, but just the way that they approached it made me feel not very good.

As seen in the interviews with Alums P3 and P8, communication style and technique and skill that comes with experience is critical to developing therapeutic rapport and effectiveness.

> I didn't get along with therapist because I think she is like fresh off the boat and she repeats everything you say back to you, with kind of a condescending tone. In a matter that reflects that she is hearing but not listening. I would say, "I feel uncomfortable

> speaking around you because I don't feel recognized as human." And I'd been using all my proper communication techniques and then she kind of repeat back to you, "I hear you hate me and that you don't want to work with me."

Alum P8 experienced positive regard for their second Dragonfly therapist yet found the lack of experience and the therapist's youth to be a hindrance to their therapeutic process.

> I advocated for myself to go to a different therapist. He seemed much better equipped. He had a much more broad open mind, deeper thinking, connecting more dots that kind of thing, less conventional, by the book way of thinking. But I don't think he had the experience. He's a much younger guy.

The therapeutic relationship between student and therapist is a delicate balance that consists of building rapport, establishing a trusting and respectful relationship, and challenging a student to push beyond what they may believe themselves capable. Through the words of the alumni it is evident that the interactions that occur within this unique relationship are a foundational and critical component of the change process and if done with skill and in a positive professional manner; provides an environment that allows for accountability, personal reflection and growth.

Peer interactions. Interpersonal interactions between student, mentors and therapists have been described as an instrumental component for the process of change. Another area of critical components as reported by alumni was the peer-to-peer interaction. Table 4.6 reflects all of the themes that emerged in this category and includes the corresponding number of incidents and sources associated with each incident.

Table 4.6

Details of Critical Components: Peer Interactions

Supportive Interactions (13 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (1 Source Total)	# Incidents (# Sources)
Support	6 (5)	Not being committed to treatment	1 (1)
Friendship/Bonding	5 (5)		
Shared meals	3 (3)		
Shared living space	2 (1)		
Shared therapeutic language	1 (1)		
Camaraderie	1 (1)		
Learned how to be in relation with others	1 (1)		

In this third category of interpersonal interactions—peer-to-peer interactions—the most frequently reported themes of supporting incidents with peers, were friendship, bonding, and the support received from peers. Of interest was the recognition and appreciation of a shared therapeutic language that included the practice and importance of learning to be in relation with others.

The category of peer-to-peer interactions, as with other categories, has themes that overlap in other areas of critical components. This begins to paint the picture of the importance of the larger context of community and environment or culture. The thread found throughout all categories is the importance of being in relationship with self, others, and community. Prior to treatment, Dragonfly students often describe themselves as isolated and disconnected from community and peers. Alum P8 expressed the value of the milieu and peer connection and how this helped with social anxiety:

> I had a lot of social anxiety. I didn't grow up being very social due to my anxieties and other things, so being put in that environment with a lot of my peers; I think that probably is where I gained the most benefit at Dragonfly.

Alum P1 also shared how living with others increased their social skills and awareness of others:

> At Dragonfly I had to learn how to cope with living with others and accommodating the feelings of others and learning to be friends with people. That was big for me, and I think I'm now much better at the whole social thing, although I do still like my space.

There was only one hindering incident reported in the peer-to-peer interaction and this addressed the level of commitment to treatment by other peers and how this impacted the individual. Alum P11 found it challenging and detrimental to their treatment when students arrived that didn't want to engage in what the program offered. "Some students coming in had the attitude of 'I'm going to break every rule in the book and I don't care.' " This theme engages the concept of mindset upon entering treatment and the power of choice in choosing a program and ownership and engagement of being in treatment because the individual has identified what they want out of treatment versus being told they have to participate in treatment.

Often referenced in life post Dragonfly was the close connection that many alums maintained amongst one another beyond treatment. They spoke of long lasting connections and utilizing these relationships when they are in need of support.

Dragonfly community and culture. The overarching therapeutic milieu, or what was most often referenced as the "Dragonfly community and culture," accounts for 16% (50) of the total 317 incidents (50 of the 317 total). Table 4.7 reflects all of the themes that emerged in this category and the corresponding number of incidents and sources associated with each incident.

Table 4.7

Details of Critical Components: Dragonfly Community and Culture

Supportive Interactions (13 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (6 Sources Total)	# Incidents (# Sources)
Flexible	14 (8)	Treated as a child	3 (3)
Group living	9 (6)	Can be irritating and stressful	1 (1)
Connection	5 (4)	Teamed up on	1 (1)
Community	5 (4)	Too much structure	1 (1)
Support	2 (1)	Too black and white/not flexible	1 (1)
Individualized treatment	1 (1)		
Doesn't feel like a facility/institution	1 (1)		
Freedom	1 (1)		
Positive outlets	1 (1)		
Empowerment	1 (1)		
Welcoming/open	1 (1)		
Sense of purpose	1 (1)		
Emotional safety	1 (1)		

The most frequently reported supportive incidents within the category of community and culture were around the level of flexibility displayed by the program, the importance of group living, and the high level of support through connection and community that was experienced by students.

The following quote may not appear to be a major incident, however it was a salient moment for Alum P1, and reflects both flexibility from the mentor as well as a sense of community and camaraderie:

> I remember one night when we were watching the season one finale, one of the staff came in and said it was time to turn off the TV and we all turned around on her and went, "Veronica is trapped in a refrigerator with a murderer sitting on top of her." And the staff member just sat down and we all finished the episode together.

Alum P15 stated: “I liked the whole environment. I liked how we weren’t in a big facility.” Dragonfly is located in a residential neighborhood and students live in houses without identifying signage that it is a program. Alum P14 remarked on the level of freedom afforded students and how this contributes to a healthy lifestyle:

> I do think that Dragonfly gave us a fair amount of freedom. Dragonfly was really positive that way. It provided like positive outlets . . . in terms of things to do to have fun rather than build unhealthy activities.

Alum P6 captured the feeling of being accepted and supported as they gather skills to live independently. This speaks to an environment that enables participants to engage in the therapeutic and maturation process.

> If I had to say something about that nature I’d say that Dragonfly, they welcome you with open arms, they’re more than happy to help you along the way until you feel that you are ready to transition into the new world—or hell of a world.

Alum P5 addressed the feeling of emotional safety and the support in addressing conflict that inevitably arises:

> The emotional safety that I felt there—and I guess what I mean by that is, if I felt like I had an issue with one of the girls, I could address it with one of the staff or them and the staff and like the staff was so great. Oh my God, I love the staff. And just knowing I was in an environment where I wouldn’t feel judged for something that I felt.

Alum P5 maintained Dragonfly friendships beyond treatment and stated: “The key thing—and my friends and I talk about this—the key thing that we loved and still miss about Dragonfly is the community that was built.”

On the opposite end, the most frequently reported hindering incident within the Dragonfly community and culture, was feeling they were being treated as children. For all new students that enroll with Dragonfly there is a 50-hour requirement of volunteer work. The intention is for this to allow a student to settle in and learn the routine of Dragonfly before venturing out and seeking paid employment. It allows Dragonfly an opportunity of assessment

and getting to know a student. However, for some students, like Alum P10, this was internalized in a negative manner; they felt they were "being infantilized by being told that I'm not fit to interact with the community, so I have to spend 50 hours doing meaningless work that helps nobody." Another alum, P8, said "there was something about it that made you feel like almost they expect you to act like a child and they expect you to be immature. I think a lot of people acted up at times because of that."

Program components. A variety of the program components were discussed in the interviews and all combined account for 49% of the total 317 incidents (156 of the 317 total). The following section is broken into each area of the program that was reported upon; each section starts with a table that reflects the critical components, number of incidents reported and how often alumni referenced the incident. The program components are not listed in order of importance or number of incidents. The following program components were mentioned: experiential education and adventures; check sheet, dating policy; exercise; family therapy and workshop; medication and medical management, groups; Leap of Taste; life skills; and, the life story. Taken individually. most of the program components do not have a substantial number of incidents, however every program has unique services, systems, and interventions and these all contribute to the overall community and culture of a program. It remains important to include the findings.

Experiential education and adventure. Table 4.8 reflects the themes discussed within the critical component of experiential education and adventure. In Chapter V, where the findings are further discussed, experiential education and adventure are separated from the program components to stand alone as a critical component category due to the high participation rate of 65%.

Table 4.8

Details of Critical Components: Dragonfly Program Components— Experiential Education & Adventure

Supportive Interactions (11 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (1 Source Total)	# Incidents (# Sources)
Outdoor/wilderness trips	8 (8)	Poor Planning	1 (1)
Explore new areas/new experiences	6 (5)		
International travel	5 (3)		
Community	3 (3)		
Team building	2 (2)		
Character building	2 (1)		
Overcoming challenges	1 (1)		
Support, guidance, independence	1 (1)		
Fun	1 (1)		
Leadership opportunities	1 (1)		
Mindfulness	1 (1)		
Strengthened relationships	1 (1)		

Dragonfly began as a wilderness program and, as it has evolved, it has remained committed to the philosophy of the healing component of the outdoors and challenging oneself to try new things. The adventure programming at Dragonfly was consistently and positively spoken of in the interviews. The most frequently reported supportive incidents were the outdoor and wilderness trips, the ability to explore new areas and have new experiences, the international travel, and the community that was created through adventures.

Alum P13 discussed the therapeutic benefit of new experiences and challenging oneself outside their comfort zone:

> The overarching theme of just new experiences, any sort of new things I did with Dragonfly, whether it was the rafting trips that I went on with them or skiing, even horseback riding, which I hadn't really done. Those were all exciting and overcoming the little challenges that I found helpful, especially with OCD. I've had a lot of fear with trying new things or leaving the comfort zone, which I'm sure a lot of the students do, so those new things were good.

For the past six years, Dragonfly has offered a 25-day trip to Cambodia. This is an earned trip and is service based. Up to 10 students, two mentors, and a therapist participate each year. Alum P3 shared the value of international travel and of this particular experience:

> Before I went to Cambodia, I'd always taken education as something I'm required to do and also just because what else am I going to do? But going to Cambodia, working with students at the Kravanh Bright Future Center, I learned that education is really a privilege, and those girls there barely get to do it and so what the fuck am I doing squandering all my opportunities?

Again, the theme of community, relationships and getting outside of self and personal challenges is seen. This time it is seen within the context of adventures and having the courage to engage in a novel and unknown experience. Alum P9 summarized the therapeutic gains made through rafting.

> One of my happiest memories is going on a rafting trip that I went to with Dragonfly, which was absolutely amazing. It really helped me with my team building skills and character building, being able to work with other people. Because before it was all about me, like I was very selfish. I didn't want to work with people. I didn't work in teams. I was lazy and never put the work in. It really helped me with that, being able to be a team player and being able to implement those skills into real life, such as employment, any kind of sports teams I want to be a part of, any type of friendships I have—it's just really helped me in that way. And it was just a wonderful experience.

Alum P4 spoke to the relational dynamic with mentors and this provides an example of the interpersonal relationships category and the various avenues in which building and developing relationships occur: "And like getting to spend more time with mentors on a different level, like in a different scene was really fun and really helpful. Just because it made our relationships that much stronger."

There was one hindering incident in this category, discussed by Alum P2: it revolved around poor planning and how that impacts the outcome and experience of a trip:

> We went on a canoeing trip where they rented a whole bunch of canoes. Well it turns out that the canoes were not allowed on the river because it's white water. I love whitewater because you can balance over it and you'll be fine, but there's just something different about canoeing and especially over really choppy waters and people were over turning. I remember like three or four canoes just that day overturned. It wasn't well-researched or planned.

Dragonfly itself has evolved over the years through experiential learning and the belief that adventure and intentional risk foster growth and reward. The words of the alum support that the foundational philosophy and program structure of hands on learning remains a valuable and instrumental component of the change and growth process.

Check sheet. Students at Dragonfly earn weekly spending money. This is done through a process called the *check sheet*, which contains the structure and expectations for the day—getting out of bed on time, going to the gym, completing chores, engaging in groups and attending therapy sessions. Table 4.9 presents how this study's participants saw check sheets in terms of supportive versus hindering interactions.

Table 4.9

Details of Critical Components: Dragonfly Program Components—Check Sheet

Supportive Interactions (2 Sources Total)	#. Incidents (# sources)	*Hindering Interactions* (5 Sources Total)	#. Incidents (# Sources)
Structure	2 (2)	Stress	2 (2)
Schedule	1 (1)	Childish	2 (2)
Personal Accountability	1 (1)	Anxiety	1 (1)
		Staff not being available to sign off	1 (1)

As the student moves through the day they are responsible to ask a mentor to initial and verify their participation. The most frequently reported supporting incidents were that the check

sheet provided structure and accountability. Alum P15 discussed the value of the check sheet: "I liked the structure of it all and how there was a schedule. The check sheet really helped me, just being able to visualize my day beforehand and having to follow through with that."

Alum P5 talked about how the check sheet fostered a sense of personal accountability:

> The check sheet was extremely smart. That was very smart because it is technically you holding yourself accountable. It's like an interdependent accountability kind of thing. Because long term it's very difficult for me to hold myself accountable, so to have something like that there in a program that actually works, is really great.

A number of incidents that hindered, were raised in the discussion around the check sheet. It was reported that the check sheets seemed childish and created additional stress for students. Alum P14 understood the intent behind the check sheet and also shared how it made them feel: "I understand that some people probably really did need that structure for it; but it made me feel a little bit like a kindergartener, like getting signed off on some things every day."

Alum P13 discussed the additional anxiety check sheet created in juggling the daily routine of getting out the door and having to wait for a mentor to sign off on the sheet:

> It did cause me, now that I think about it, some anxiety, but a lot of things do. I do remember just waiting around, getting really angry because a staff member wasn't there to look at chores and I was going to miss the bus to school so I just said, "Whatever . . . screw it."

The alumni highlight the challenges that young adult programs face in regards to creating accountability and structure, while doing it in a manner that supports independence, autonomy, and being treated as an adult.

Dating policy. Dragonfly Transition students are ages 18 to 24 and during this developmental stage of life, it is normal to want to be in romantic relationship. Dragonfly has a dating policy that asks students in Phase I to not date and to focus on themselves and the areas of challenge that brought them into treatment. In Phase II, if a student would like to date, there is a

petition process with the therapist in order to support healthy and safe relationships. Table 4.10 outlines participants responses in regard to dating policy as supportive versus hindering.

Table 4.10

Details of Critical Components: Dragonfly Program Components—Dating Policy

Supportive Interactions (3 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (6 Sources Total)	# Incidents (# Sources)
Relationships are distracting	2 (2)	Same sex relationships not addressed equally	1 (1)
Liked the separation	2 (2)	Mentor energy wasted	1 (1)
Learned from mistakes & consequences	1 (1)	Seeking approval	1 (1)
Focus on self	1 (1)	Viewed as backsliding	1 (1)
Structure – less tempting	1 (1)	Not consistent consequences	1 (1)
		Segregation	1 (1)
		Group consequences	1 (1)

The most frequently reported supporting incidents were about the acknowledgment that relationships can be distracting and that the participants liked some separation between men and women, such as living in separate houses and having some single sex groups.

Alum P5 spoke about the value of learning to be with women and learning to develop healthy, non-romantic relationships:

> I do think it was really important to have the men and women be separated. Because for me one of the things that was good for me was the relationship I formed with women. So being in a house with only women and learning how to be friends with women again that was important for me, without the distraction. I mean, I'm attracted to women too, but I just needed to find that friendship piece and to be away from, say, gendered men, that really helped in redefining who I was as a woman.

Alum P12 referenced the distraction of relationships: "I feel like it's really distracting to have the opposite sex there if you're straight and I still definitely use it as a distraction, unfortunately, but it's helpful. I think it's like a helpful boundary."

Alum P9 shared how they worked with their therapist on relationship challenges: “He helped me work on my boundaries a lot. I had had a girlfriend when I was there and he really helped me working on saying ‘no’ to people, standing up for myself.”

There were equal numbers of incidents reported as supportive and hindering in the dating category; however, there were more sources within the hindering category. There was only one incident in each theme, as seen in Table 4.10. Below are some examples of areas that the participants found to hinder.

Alum P13 discussed the detriment of how much time mentors spend managing the supervision of relationships:

> A lot of staff energy was spent on trying to make sure that people weren’t holding hands or a guy and a girl weren’t hanging out together which that did kind of . . . I mean, a lot of relationships issues did take up time . . . there were certain conflicts that I thought didn’t really have to be conflicts that time was being spent on, we’re calling groups for them.

Alum P12 shared that it felt like if a relationship boundary was broken that the program viewed it as a major regression in their progress through the program:

> When boundaries were broken, it was like, “oh well, that’s a backslide in your progress.” That I think is bullshit. I think yes, it’s important to focus on yourself, but if you— I mean, honestly I don’t think it’s great for you to be having sex in a cemetery, that’s not cute or whatever. That’s what people would do, but I don’t necessarily think—unless you have a sex addiction, I don’t necessarily think that’s a backslide in your progress.

And Alum P5 felt that there needed to be more consistent and effective consequences given for students that consistently broke the relationship boundary:

> I don’t think that it needs to be made as big of a deal as it was made and if that is the case, then there needs to be different or more consistent consequences. Because there were people who would consistently break those boundaries and it never stopped and it was like a ripple effect. And it was so annoying when they were given so much shit for it and yet they weren’t really given concrete consequences to make them stop.

Young adult programs are faced with a challenge in how to best support a participant to focus on individual treatment issues, while also acknowledging that learning to develop healthy, well-balanced relationships is a normal part of the developmental trajectory.

Exercise. Exercise is built into the Dragonfly program and tracked on the check sheet. The expectation is that students work to find exercise that they enjoy. Daily trips to the gym are offered along with a variety of classes that are run by the fitness and nutrition director. Students are encouraged to access classes in the community of Klamath Falls and Ashland, such as yoga, swimming, dance classes, cross-fit and the like. Table 4.11 presents the participants' responses in regard to the supportive versus hindering related to exercise.

Table 4.11

Details of Critical Components: Dragonfly Program Components—Exercise

Supportive Interactions (5 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (0 Sources Total)	# Incidents (# Sources)
Created a habit	3 (3)	N/A	0 (0)
Health	2 (2)		
Community/Connection	1 (1)		
Fun	1 (1)		
Structure – less tempting	1 (1)		
Regulated sleep	1 (1)		
Coping skill	1 (1)		

Surprisingly, there were no hindering incidents mentioned in this area. The most frequently discussed supporting incidents were that the daily structure created a habit of exercise and it was good for health and wellness.

Alum P6 shared: “I have definitely carried exercise forward and it’s something that I focus on. I definitely don’t work out as much as I did at Dragonfly, but it was really nice while I was there.” Alum P9 offered that exercise helped regulate sleep and stated that “by going to the gym in the morning and having to get up on time was really helpful, I had to regulate my sleep.” And Alum P3 stated, “I learned that vigorous exercise is one of my best coping skills.”

The discussions of exercise confirm the importance in young adult programs of including exercise in the curriculum in order to contribute to obtaining benefits such as reduced stress and anxiety, increased endorphins, and an overall feeling of well-being and health.

Family therapy and workshop. Dragonfly believes that the entire family system needs to engage in the therapeutic journey. All parents receive individual sessions with parent coach professionals and are asked to participate in family therapy conference calls and a minimum of one family workshop per year. Dragonfly offers three family workshops throughout the year. Table 4.12 presents the results for this component of the program.

Table 4.12

Details of Critical Components: Dragonfly Program Components—Family Therapy and Workshop

Supportive Interactions (4 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (0 Sources)	# Incidents (# Sources)
Support with difficult family dynamics	2 (2)	N/A	
Getting on the same page	1 (1)		
Improved communication	1 (1)		
Skill building	1 (1)		
Letting go of the past	1 (1)		
Increased vulnerability in family system	1 (1)		
Home visits	1 (1)		

There were no hindering incidents reported in this category. Of the supporting incidents there were a range of themes that included feeling supported with difficult family dynamics, improved communication, and the value of the family workshop. Alum P11 stated that the therapist "knew how to set up family phone calls and how to push me in a way in which I would not digress." Alum P6 shared: "The skill building of learning how to talk with your loved ones and everything that we did there, was very helpful to let go of what we had done in the past to hurt any family members." And Alum P4 spoke to the effectiveness and importance of the family workshop: "Family weekends were extremely, extremely helpful, 100%. That goes in the positive column. Everyone got on the same page, was very much on the same page, even if there were a lot of disagreements through my time there."

The critical component of family therapy relates to the category of interpersonal relationships and the importance of developing conflict resolution skills and the ability and willingness to work on and repair relationships. Outcomes in treatment are more effective if

family members are willing to personally engage in and be part of the change process. Even through young adult programs support separation-individuation, the family work remains a critical component of this development stage in life.

Medication and medical management. Approximately 90% of Dragonfly Transition students arrive on medication. This requires continued monitoring and evaluation. Dragonfly Transitions contracts with external consultants for medication and medical management. Internally, Dragonfly supports students in learning how to manage their medication and in managing any medical needs that may arise. Table 4.13 presents participants' responses on supportive versus hidering aspects of medication and medical management.

Table 4.13

Details of Critical Components: Dragonfly Program Components—Medication and Medical Management

Supportive Interactions (3 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (6 Sources Total)	# Incidents (# Sources)
Increased awareness and understanding of medication side effects	2 (2)	Old school approach	3 (3)
Medication reduction	1 (1)	Not sent to doctor quickly enough	2 (2)
Empathetic care	1 (1)	Invalidating MD's	2 (2)
		Same medication used often	2 (2)
		Minimal accommodation from program when sick or injured	1 (1)
		Communicated with parents without permission	1 (1)
		Old school approach	1 (1)
		Requirement of the program to work with specific MD's	1(1)
		Not given enough attention to addiction	1 (1)

Approximately 90% of Dragonfly Transition students arrive on medication. This requires continued monitoring and evaluation. Dragonfly Transitions contracts with external consultants for medication and medical management. Internally, Dragonfly supports students in learning how to manage their medication and in managing any medical needs that may arise. The most frequently reported supportive incidents were in the area of medication reduction and an increased understanding of medication side effects. Alum P1 stated:

> That was always part of the issue, I couldn't tell the doctors what differences I had noticed because I wasn't paying attention to how my mood was changing or my life. I didn't really care that much about the medications up until Dragonfly. But I did notice

> when they took me off the one that was actually doing something for me. I got really cranky. I went and yelled at someone, which is very, very unusual for me.

Alum P14 talked about arriving at Dragonfly with a lot of prescription medications and working with the psychiatrist to reduce and find out which medications were actually effective: "While I was at Dragonfly they took me off one at a time until I was down to just one. There was only one that was actually doing anything for me, and I had been on like eight before that."

Medication and medical management had a higher number of hindering incidents than supporting. The themes ran mostly to communication style, not having quick enough access to an MD, and feeling that the MD's had an "old school" approach. Alum P3 shared their frustration about confidentiality and perhaps not feeling heard around a particular topic: " 'No, you just need diet and exercise.' . . . They broke the patient-doctor confidentiality I can't even tell you how many times. They told my parents stuff that was confidential."

Alum P10 felt challenged that the MDs were not addressing a situation with medication management and suggested that a return to wilderness might be more effective:

> They were completely incompetent. They did not know anything about medications. They had heard of half the medications I've been on. And when I said that I was really depressed, they suggested going to wilderness as a solution, when what I really needed was my meds.

And Alum P11 felt that the program did not properly acknowledge or accommodate for an injury and stated: "They acted as if I didn't have a cast on. They just made me do everything, even though we had three pages from the doctor that no you can't do this, this and this."

Young adult programs are faced with a unique challenge of supporting participants to learn to self-advocate and manage health issues that arise, in conjunction with challenging old belief systems and patterns and making sure a participant feels heard and validated for their opinion and request.

Groups. There are a variety of groups offered each academic term at Dragonfly. Groups range from therapeutic, to life skills, to recreational, and vocational. Students work with the therapist and mentor to choose the most relevant groups based on their particular areas of challenge and to create an individualized weekly schedule. The participant views on aspects of group experience in terms of support versus hindrance is shown in Table 4.14.

Table 4.14

Details of Critical Components: Dragonfly Program Components—Groups

Supportive Interactions (6 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (6 Sources Total)	# Incidents (# Sources)
Variety	3 (2)	Poorly managed	5 (5)
Smaller treatment team group	2 (2)	Going to groups that were relevant for the specific individual	2 (2)
Coping skills	1 (1)	Therapied out	1 (1)
Shame/Resilience	1 (1)	Repetitive	1 (1)
Communication skills	1 (1)		

Among supportive incidents, the most frequently reported themes were about the variety of groups offered and the smaller treatment team group. Alum P4 spoke to the importance of interpersonal interactions within the context of groups: "I made really good guy friends and had more of a support system; I found it to be really helpful. Especially when we were in therapeutic groups, that was something that I really enjoyed."

Alum P16 stated: "Groups really helped me . . . just learning about different things and how I can deal with my emotions and to deal with confrontation and everything." Alum P10 shared: "There was one group that we had that was good, it was about shame and resilience, but it was so good that there were like 20 people in the group, which is crazy."

In this category, the supportive and hindering incidents were almost evenly split. Of the hindering incidents the most frequently reported were around groups being poorly managed, and attending groups that didn't feel relevant for that particular individual. Alum P10 felt that women's group "was basically like a bitch fest where some girls would complain about other girls" while Alum P4 said that the "groups that I didn't think were helpful were run by people that I just didn't have— this sounds really rude—but I didn't have a lot of respect for." Alum P14 spoke about the feeling of redundancy and perhaps being "over therapized:"

> I think sometimes there were so many groups that it got almost a little repetitive, especially when you've been there for a while. It kind of makes sense for many people to go, but I think I got a little therapied out near the end.

Young adult programs are faced with the challenge of providing skill-building groups in the areas of therapeutic skills and life skills. The critical incidents provided by participants speak to the need for increased training of all staff that provides groups in order to find creative and meaningful ways in which to keep participants engaged and learning throughout the treatment process.

Leap of Taste Café. Dragonfly students can participate in a vocational training course at A Leap of Taste over the course of an academic term. By turning in a résumé and applying for a position at A Leap of Taste, students work through the basic steps of obtaining a job with the security of knowing their mistakes are preparing them for future jobs. Student volunteers receive feedback and evaluation on their work habits and ethic and the manager works with Dragonfly mentors and therapists if students need additional support. Some students may move into paid employment at Leap of Taste based on their performance and work availability at the café. Participant responses on supportive versus hindering in regard to participation in the café are presented in Table 4.15

Table 4.15

Details of Critical Components: Dragonfly Program Components—Leap of Taste

Supportive Interactions (5 Sources Total)	# Incidents (# sources)	*Hindering Interactions* (2 Sources Total)	# Incidents (# Sources)
Built confidence	2 (2)	Non-paid	1 (1)
First job – resume builder	2 (2)	Felt punitive	1 (1)
Emotional resilience	1 (1)		
Potential for employment	1 (1)		

The most frequently reported supporting incidents revolved around increased confidence and this theme is reflected in this quote from Alum P16:

> Getting to work at A Leap of Taste and being kind of an assistant chef with students, cooking for Leap of Taste, that actually was kind of my first job. It built a lot more confidence in me. And it really helped when I first got the job here . . . I had a lot more confidence.

Alum P14 shared how they started as a volunteer and then subsequently were hired on as an employee:

> I also worked at Leap of Taste. I started out as a volunteer and then they hired me on and I worked there I think for maybe like five, six months, I don't know. But that was really helpful. I got to make some money. I got to have some work experience at probably the hardest, most physically demanding job.

Alum P3 found that the experience contributed to emotional resilience and the ability to follow through on commitments:

> It was also an important tool for me gaining like emotional resiliency. One thing for me that I've worked on a lot is following through with the commitments I make . . . I like that Leap of Taste has shorter hours usually shifts of three hours, which is good for people with anxiety because six-hour shifts are kind of overwhelming, especially at first. But the three-hour shift two or three times a week is enough to kind of build your confidence.

The primary theme in the hinder category was around the volunteer aspect of the training and not being financially compensated. Alum P10 shared their frustration in feeling taken advantage of:

> I don't know if you guys still have the café. But they had like a program to train people how to run a café but what was happening is they weren't getting paid. You get trained in Starbucks, for example, but you get paid. It's not free labor and Dragonfly took a great advantage of its free labor.

Alum P12 also shared their anger with the volunteer component of Leap of Taste and the ultimate positive benefit:

> At first it really pissed me off because I was like—I understand volunteering at a place where you're actually making a difference but volunteering for slave labor, it's like demeaning. But it was actually good for me.

Many young adults reach their mid-20s and have not yet experienced the responsibility of employment. The process of the job search can be daunting and anxiety provoking. The ability for a young adult program to provide a safe and nurturing job experience serves young adults in increased preparation for employment and the dedication, commitment and responsibility that a job entails.

Life skills. Life skills are woven throughout the structure of the program. Life skills are what enable Dragonfly students to effectively manage the demands and challenges of everyday life. Abilities within the multi-facetted area of life skills facilitate physical, mental, and emotional well-being for individuals. Learning life skills (social, emotional, cognitive) helps students improve in areas of self-esteem, confidence, respect, compassion, and leadership. Table 4.16 displays the participants' responses regarding supportive versus hindering aspects of the life skills component of the Dragonfly program.

Table 4.16

Details of Critical Components: Dragonfly Program Components—Life Skills

Supportive Interactions (9 Sources Total)	# Incidents (# Sources)	*Hindering Interactions* (2 Sources Total)	# Incidents (# Sources)
Social skills	5 (4)	Cleaning	1 (1)
Responsibility	1 (1)	Check sheet	1 (1)
Consistency	1 (1)	No dating policy	1 (1)
Chores	1 (1)		
Used tools learned in wilderness in real world	1 (1)		
Increased independence	1 (1)		
Learned to navigate as an adult	1 (1)		
Grew produce/raised meat	1 (1)		
Self-awareness	1 (1)		
Accountability	1 (1)		

The most frequently reported supporting incidents in life skills was the social skills and increased independence that came about through a variety of interactions. Alum P3 felt particular accomplishment in the realms of cooking and stated:

> I learned a lot of cooking skills. I thought I was a good cook before, but I learned so much about cooking and healthy cooking, and had so much fun participating in cooking and preparing family meals on like Tuesday afternoons. That was an important moment for me.

Alum P13 also commented on the area of cooking and shared that "preparing dinner for a group of people was impactful" and they "liked having that sense of purpose." Alum P1 focused on the independent living skills and the skills that support the transition into being an adult:

> Learning to be an adult and take care of myself and wash my own dishes and do my own grocery shopping and clean my apartment and just generally navigate the little parts of adulthood that are part of everyday life. Cooking—I learned a little bit of cooking. That

> was good. So just transitioning from having lived with my parents and having lived with my stuff done for me to doing it myself, but with the support of people who could teach me how to do it.

While some participants found the component of life skills to foster a feeling of adulthood, other alumni found it to be too much as evidenced by this comment from Alum P10:

> We had so much cleaning that they invented chores like sweeping the sidewalk. I mean, you're not supposed to sweep the sidewalk, that's not a thing. It was insane. Like once a week we'd be cleaning the inside of hanging lights. That seems really intense.

The experiential component of life skills is an important area for programs to incorporate. It is important for participants to have hands on experience in areas such as cooking, cleaning, laundry, hygiene, and budgeting. Many young adults have not had to navigate these basic yet essential life skills.

Life story. The life story is a therapeutic assignment in which the student writes their life story and shares the narrative with either the smaller treatment team or the community at large. The student works with the therapist as they write their life story and it provides an opportunity to understand the student in more depth and for the therapist to encourage the student to highlight areas of positive experiences along with the areas of challenge. Participants' responses in identifying supportive versus hindering aspects of this life story work are shown in Table 4.17.

Table 4.17

Details of Critical Components: Dragonfly Program Components—Life Story

Supportive Interactions (5 Sources Total)	# Incidents (# sources)	*Hindering Interactions* (2 Sources Total)	# Incidents (# Sources)
Transparency	3 (2)	Reading the story multiple times	1 (1)
Creates closer bonds	1 (1)	Scary to have it "out there"	1 (1)
Vulnerability	1 (1)		
Putting pieces of the puzzle together	1 (1)		
Turning point	1 (1)		
Empowering	1 (1)		

Participants reported positive incidents in the areas of transparency, vulnerability and connection. Alum P17 talked about the process of sharing their life story and how this particular assignment "creates a close-knit community where they want everyone to intermingle." Alum P11 spoke about the vulnerability and opening up more: "It really did help because I was able to admit more, I was able to sort of put more pieces into the puzzle of the big unknown." Alum P3 found this assignment to be a catalyst for change:

> But that was definitely a turning point for me because I feel like I had no more secrets and I felt more connected with my fellow people and invested in the community. That was a huge turning point for me. And the positive reactions I saw from my peers were just very empowering. That was definitely kind of a changing moment.

Of the hindering incidents there was one participant, Alum P2, who felt they were not emotionally ready or prepared to share their story:

> So basically you had to stand up during one of the family dinners or whatever it was, or a gathering, and read this life story out loud. And there were quite a few things at that point in my life that I was still getting over and dealing with and honestly I felt like it was quite a personal hindrance that I had to talk about it. The first thing they make you do the life story like within the first couple of weeks you're there if not the first week you're there. And I felt like I wasn't ready to open up and it wasn't fair to me that I had to. I don't

> know these people, I don't trust these people, why should I be telling them all my personal deep dark secrets, you know?

The therapeutic assignment of writing one's life story is found in many therapeutic programs. It is not uncommon for a participant to arrive at Dragonfly already having written their life story, however there is value in the re-writing of the story. As an individual progresses through treatment they may find that they have different meaning or want to emphasize different areas and experiences within their life and it allows for "aha moments" and of healing or letting go of old hurts. It also supports a closer connection and building of community when a participant is able to be vulnerable and share the narrative of their life within the therapeutic milieu.

Summary of Findings

The chapter began with an overview of the organizational history and philosophy of the case, Dragonfly Transitions. There followed an analysis of the interviews, which revealed the types and frequency of critical incidents, the participation rate, and the participant perspective of openness and willingness to share both supporting and hindering incidents. The antecedents and outcomes as described by the participants were reported and showed that the 17 participants in the study experienced meaningful and lasting change, results triangulated with the quantitative OQ-45.2 scores.

The participant voices and richness of data supports the importance of qualitative research. The findings in this study were based on the participants' stories and incidents and deepen understanding of what elements are considered critical by young adults in treatment. Using CIT to examine both supporting and hindering incidents, I identified four critical categories: interpersonal interactions, community and culture, experiential education and adventure, and individualized program components. Chapter V further explores the findings of

the critical components, elaborates on the key findings, and examines the practice implications for young adult organizations.

Chapter V: Summary, Discussion, and Implications

This final chapter further discusses significant findings, and examines the limitations of the study, practice implications, and recommendations for future research. The chapter concludes with a personal reflection.

The impetus for this study was to learn directly from alumni of Dragonfly Transitions about critical incidents, interactions, or events that supported or hindered the process of growth, change and transition. The participants' voices were the center from which meaning and learning emerged in this study. One of the most valuable aspects of this research was the interviewees' willingness to share their experiences, in particular their difficulties in areas that hindered. A secondary purpose was to understand if there were meaningful and lasting changes beyond treatment. Because there was little found in the literature on what young adults in treatment and transition found to be beneficial, as recipients of the treatment, the addition of their voices adds to the profession's understanding of the experience and perception of the effects of treatment within a young adult transitional program. Though I approached the inquiry with my own perspective, which was shaped by my personal experience with Dragonfly, I reflected openly on the personal stories and experiences shared by the alumni. Through the lens of the alumni, my fellow coders, and my own analysis Chapter Five discusses the meaning of the information shared and how this relates to practice.

Significant Findings

The findings from this study supported a deeper understanding of participant experience at Dragonfly Transitions. The research established a foundation of empirical knowledge that can guide practitioners in this field to better understand therapeutic factors that support or hinder

young adults in transition programs and can inform future program development and evaluation in the field.

The stories from participants increased understanding of what creates an environment conducive to growth and change, and of the key factors that support emerging adults (Arnett, 2004) through this developmental transition. The support found within Dragonfly was shown to aid participants in viewing their lives in a positive light and with increased optimism, which is a sign of a positive transition according to Schreiner et al. (2012). Individuals with a positive outlook are more likely to seek support and invest effort and energy into new activities versus the alternate option of avoidance (Bowlby, 1988). This is evidenced by the stories told in Chapter IV. Alum P8 provided an additional example of pre-treatment experience: "My emotional state was becoming more severe and I wasn't functional in society"; and following treatment the same alum states: "Overall, my personal internal health is doing a lot better and I think that's going to result in a more positive future." Across interviews, participants shared experiences within Dragonfly that indicated connection to others with social, emotional and intellectual engagement, and confidence and hope for their future. These are similar markers of individuals with the ability and tools to thrive in the world (Schreiner et al., 2012).

By analyzing and incorporating both supporting and hindering incidents, one better understands what participants find the most valuable within a therapeutic milieu as they work towards a sustainable lifestyle beyond treatment. The overarching themes that emerged as critical were: interpersonal interactions; community and culture; experiential education and adventure; and, individualized program components.

Figure 5.1 below shows the interconnectedness and importance of these four themes. Through the shared stories of participants and with the lens of transformational mentoring and leadership and relational cultural practice, it is clear that the collective experience of shared community and connection is the support for individuals to engage in the difficult work of change and transition. Through practice, trial and error, and reflection, individuals learn and integrate new skills and ways by which to navigate the world. The knowledge of being in a community with a shared experience supports vulnerability and authenticity, which in turn supports deeper understanding of self.

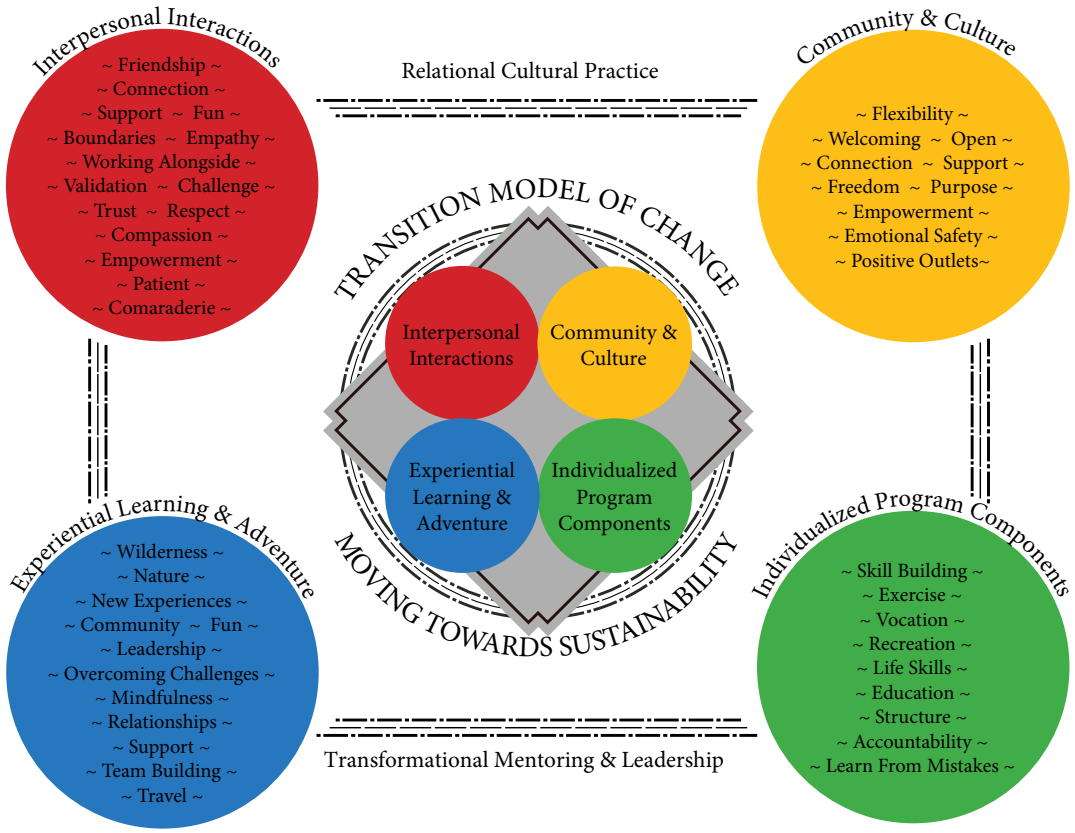

Figure 5.1. Transition model of change.

The visual model provides an additional means to explain the participants' perspectives and an interpretation of what is critical to include within a transition model for young adults.

The words found within the large circles in Figure 5.1 are direct quotes from interviews, for it is from the voices of alumni that meaning emerged.

The following sections describe and examine these four most significant factors that were identified by the participants in this study, and relates these to the existing literature.

Interpersonal interactions. A half-century of psychotherapy research has shown that the quality of the therapeutic alliance is a predictor of treatment success and this finding has been evident across a wide range of treatment modalities (Alexander & Luborsky, 1986; Horvath & Greenberg, 1994; Horvath & Luborsky, 1993; Horvath & Symonds, 1991; Orlinsky, Grawe, & Parks, 1994). A related finding is that poor outcomes show greater evidence of negative interpersonal process—that is, hostile interactions between therapist and participant (Safran & Muran, 2000). These studies, which include both qualitative and quantitative methodologies, corroborate the findings of this study. The interpersonal interactions between participant and therapist, mentors and peers, were referenced the most often in the interviews and directly impacted participants' experiences of the program. Alum P12 summarized the supporting relationship with their primary therapist: "It just helped me to know that someone's going to keep that boundary and I'm not expected to be responsible for them too and they don't think I'm selfish for only focusing on myself." Alum P3 describing a hindering experience, stated:

> I didn't get along with therapist X because I think they were like fresh off the boat and they repeat everything you say back to you, with kind of a condescending tone and in a manner that reflects that they are hearing but not listening.

Valuable information is learned from both the supporting and hindering descriptors. The insight offered from alumni reinforces the benefit of continually incorporating participant voice by creating structure for formative and summative feedback regarding therapeutic and mentor relationships. An example of this structure is a form of progress monitoring of therapeutic alliance such as the Session Rating Scales (SRS) developed by Johnson, Miller, and Duncan

(2000). Research shows that "clients' ratings of the alliance are far more predictive of improvement than the type of intervention or the therapist's ratings of the alliance" (Duncan & Miller, 2008, p. 60), and this research further reinforces the need to elicit feedback directly from the participant on a routine basis.

In addition, the findings related to the quality of interpersonal interactions support the tenets of Relational-Cultural Therapy and its practice (Jordan, 2000; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; J. B. Miller, 1976) that views high quality connection and relationship as a primary site of growth. Participants in this study reported that social influences and interpersonal interactions led to new approaches, values, and attitudes about engaging in the world and a better understanding of how to work through conflict within relationship instead of engaging in avoidance. The practice and value of working through the minutia of everyday interactions within an environment of authenticity, respect, and genuine care cannot be underestimated within a treatment milieu. Jordan (2000) suggest, in the context of relational cultural theory, that issues of power imbalance and oppression within a therapeutic context can create division, anger, disempowerment, depression, shame, and disconnection. When a clinician or program explores therapeutic interventions for a student, importance needs to be placed on mitigating the power differential and creating an environment of collaboration. In this study it was rare for a participant to describe a specific treatment modality that was considered critical to the experience and therapeutic process. Instead, alumni shared stories of personal connection that were empowering or incidents where an interaction hindered and therapeutic repair needed to occur for therapeutic momentum to remain intact. Alum P3 described a time when she felt disempowered and unsupported and was able to regain trust in the program through connection and feeling seen:

> My saving grace was the moment that made me feel like I was a powerful capable individual was when Therapist X came in and was like, "She needs to get out of here," and really helped me form that process. And I regained my trust in Dragonfly and remembered how much I respect Therapist X and Staff.

Participants indicated that interpersonal connection played a substantial role in the healing process, personal growth and development of confidence. Although the significance of these connections is often assumed in therapeutic milieu programs, the students in this case study strongly supported the centrality of relationship in their development. The lives that alumni described prior to treatment reflected high levels of isolation, loneliness, and disconnection from self and others. This is indicated by Alum P10 who stated:

> I've been in therapy since I was eight years old. I went to Dragonfly because I was staying home a lot. I wouldn't leave my house. I was really depressed and I was suicidal and my therapist told me that I needed more help.

To be included in a community, and to experience connection and belonging, can create change in profound and meaningful ways. The simple act of being accepted and feeling understood can have an impact on internal cognitive beliefs about oneself and the internal scripts can be shifted from negative dialogue to positive. Western culture emphasizes and celebrates independence, separation, and autonomy. Relational-Cultural Therapy (Jordan, 2000; Jordan et al., 1991; J. B. Miller, 1976) suggests that we need connection to flourish and that isolation is a source of suffering. The role of therapists and mentors becomes supporting development and change through socialization and connection. Participants in this study supported these tenets as they described how the health of these relationships directly impacted their outcomes. Participants gave equal mention to the therapist relationship and the mentor relationship. This is an important area for programs to give increased attention to, as mentors or line staff have the least training and the most direct interaction with program participants. Therapeutic skill has important intuitive and creative aspects that are difficult to teach yet are an imperative

component that need to be incorporated in training (Safran & Muran, 2000). The skill or ability with which any staff member engages a participant has potential for direct impact on treatment outcomes. Body language and nuance of tone and wording, can affect how a message is delivered. In the interviews, participants shared how they appreciated boundaries, being held accountable, and being challenged to dig deeper. The ability to absorb a conversation and engage in the therapeutic process was directly related to the quality of relationship and the way in which a message was delivered. It takes a great deal of skill, practice and self-awareness on the part of the practitioner to balance challenge and confrontation with support and rapport.

Community and culture. Alum P5 stated: "The key thing, and my friends and I talk about this, the key thing that we loved and still miss very much about Dragonfly is the community that was built." The community and culture of a program is the environment or therapeutic container in which work and change occur and management and attention to this aspect is ongoing. Alum P6 said:

> If I had to say something about the nature of Dragonfly: they welcome you with open arms, they're more than happy to help you along the way until you feel that you are ready to transition into the new world.

Alum P6 added in regard to the personal challenge and growth that occurred within the context of community: "It taught me to give everybody a shot, don't judge people by the cover of their book."

Young adult programs have a challenging task to support the developmental tasks of emerging adulthood and to obtain equilibrium between support, structure, security and accountability while implementing it in a manner that feels empowering and supportive of individuation (Aquilino, 1997). One of the primary tasks for young adults working towards independence is self-governance, affirmed within the context of mutually validating relationships (Josselson, 1988). Dragonfly and the participants do not always find the balance and at times the

program feels the need for increased structure and management, yet participants may feel they are treated as children or infantilized. This often comes back to interpersonal interactions and the skill with which a participant is approached. It can also relate to the participant's level of readiness to engage in the therapeutic process. Alum P3 remarked on the importance of being part of deciding which program was the best fit and ownership of their therapeutic process stating, "an important perspective that explains my success at Dragonfly, is like I wanted to be there and I got to choose which program, and I was the driver of my process." Choice and ownership is another variable that programs need to manage in order to foster a positive culture and community. Student council is one venue in which programs can give participants voice, leadership and increased ownership of their community. Alum P11 shared the following about this tool that helped manage anxiety and increase social skills:

> The opportunities that they gave in terms of working with the staff there. I was sort of the spokesperson there, like student council president. So I would meet with the staff and talk about what's going on. That was also something I had trouble with, was talking to people who were older than me and feeling on an equal level with them. And that gave me the opportunity to do that. I think that was also very helpful.

Sometimes community cohesion can be disrupted by the minutia of program components like the dating policy or check sheet, both of which will be explored later in this chapter.

Experiential education and adventure. This theme rose to the surface as an integral component to the therapeutic and change process and is evidenced by statements such as: "The trips were exciting and overcoming the little challenges I found helpful"; and "It really helped me with my team building skills and character building." One alumni was able to translate what they learned on a 4-day rafting trip to their everyday life, stating: "It helped me be a team player and being able to implement those skills in real life, such as employment . . . and any type of friendships just really helped me."

The literature in adventure therapy and experiential education supports the findings in this area (Clem, Smith, & Richards, 2012; Gass, Gillis, & Russell, 2012; Koperski et al., 2015; Norton et al., 2014). While experiential education and adventure therapy were not included in the initial literature review it is a founding principle upon which Dragonfly Transitions developed and the themes surrounding these methods clearly emerged in the data. The origin of Dragonfly was described in detail in Chapter IV in the section on the instrumental case study.

Experiential education is defined as "challenge and experience followed by reflection leading to learning and growth (Association for Experiential Education, n.d., para. 1). The entire process of treatment is an example of experiential education. The Association for Experiential Education states:

> Experiential education is a philosophy that informs many methodologies in which educators purposefully engage with learners in direct experience and focused reflection in order to increase knowledge, develop skills, clarify values, and develop people's capacity to contribute to their communities. (para. 2)

Adventure therapy (AT), on the other hand, is defined as the "prescriptive use of adventure activities by mental health professionals to kinesthetically engage clients on affective, behavioral, and cognitive levels" (Gass et al., 2012, p. 1). The foundation of the AT model includes putting participants in a unique physical and social environment in which they are given problem solving tasks or challenges that lead to a state of adaptive dissonance, where mastery of the task leads to learning and growth (Gass et al., 2012; Koperski et al., 2015).

Dragonfly offers both adventure therapy and experiential education as a component of the programming. The adventure therapy that Dragonfly conducts, such as adventure trips led by the primary therapist, contribute to the overall treatment alliance between therapist and participant. New and challenging experiences in treatment can create opportunities to develop significant levels of trust (Koperski et al., 2015). In addition, shared experience combined with challenge,

fun, and camaraderie, support the therapeutic alliance. If facilitated by an experienced practitioner these experiences can enhance interpersonal growth through building positive social interactions, stretching personal limits, and strengthening group cohesion. Alum P14 stated: "The support and guiding manner on trips with independence thrown in where appropriate was amazing."

The interpersonal connections and community created through this process is a catalyst for change. It has been shown that the skills learned in adventure therapy and through experiential education can be "useful and effective resources for creating positive affect and coping with stress outside of the therapeutic setting" (Koperski et al., 2015, p. 7).

The interviewer did not deliberately solicit remarks regarding the adventure and experiential aspect of Dragonfly; yet it was clearly identified by the participants as a critical and supportive element that fostered change and growth within Dragonfly Transitions. Alum P15 shared that "going to Portland was a good experience after a lifetime of depression and anxiety." It compels a more active participation in one's own treatment and increases responsibility for change while engaging the participants' internal motivation (Lung, Stauffer, & Alvarez, 2008). Additionally, adventures engage participants on physical, cognitive, and affective levels while at the same time it can be viewed as fun (Gass et al., 2012; Koperski et al., 2015; Schoel & Maizell, 2004).

Experiential education and recreational activities are commonly used in transition and residential programs. Tucker and Norton (2013) and Norton et al. (2014) emphasize the need for specific training of staff and therapists so that the experience is capitalized upon and to ensure that it is being done effectively and not doing harm. Poor planning or facilitation can lead to an adverse effect or an issue of risk and safety, such as described by Alum P2 who shared an

experience of being on a river trip with too much volume: as they "got off the water I remember the sheriff asking staff like 'what the hell were you thinking?'"

Individualized program components. A variety of the individualized program components discussed by the participants of this study were at or above the 25% participation rate as suggested by Butterfield et al. (2005); these included: the check sheet, dating policy, exercise, medication and medical management, groups, the cafe (A Leap of Taste), and life skills. These components represent the minutia of the day-to-day structure and a means to achieving the larger goal of launching young adults into the world prepared to live a sustainable, healthy lifestyle. Alum P3 shares the continued value of habits learned through structure:

> And let me tell you I wanted to quit every morning. But every 7 am shift I was there, and that practice—following through with that commitment and then the encouragement I get from my mentors and just going—I've gotten to the point where I can follow through on responsibilities.

As evidenced by the range of services and structure of young adult NATSAP member programs, it is assumed that within each program there will be a variety of programmatic themes represented and unique to the structure of that particular program. However, within the framework of transition models for young adults, there is likely continuity of themes, such as Interpersonal Interactions, Community and Culture, Experiential Education/Adventure and Program Individualization, that exists based on the developmental age range and stage of life. The following section reviews the specific program components represented within Dragonfly:

The check-sheet. Based on the 29% participation rate within the hindering incidents and only 1% in the supportive, the check-sheet is an area to revisit in order to evaluate the effectiveness of Dragonfly's original intention. The intention was to create accountability and structure and a means to earn spending money based on performance, much like a paycheck. The check sheet also provides a means to concretely track how a student engages in the

day-to-day schedule of groups and basic daily living. The findings of this study indicated that the check-sheet created additional stress and anxiety in the lives of participants and served to make them feel like children, as evidenced by statements such as "it make me feel like a kindergartner, having to get everything signed off," and "there was one big thing I didn't care for in the program: they introduced a checklist sheet where you had to get everything signed off by a mentor and it drove me crazy."

The check sheet could be considered a version of a token system and the experiences shared by participants create questions around the effectiveness of this system for young adults. Token systems are ubiquitous in human culture, providing the basic framework for economic transactions around the world. A token is an object or symbol that is exchanged for goods or services (Hackenberg, 2009). In this context, the token was the check sheet, and once per week was exchanged for a specific amount of money based on performance. Token systems have been successfully employed as behavior-management and motivational tools in educational, residential, in-patient and correctional settings and rehabilitative settings since at least the early 1800s (R. Jones, Downing, Latkowski, Ferre, & McMahon, 1992; Kazdin, 1982).

The feedback from participants raises the importance of examining how the system is being implemented and whether a different system is warranted for young adults in treatment settings due to the unique developmental tasks of emerging adults of moving from dependence to independence (Levy-Warren, 1999). Emerging adults are being asked to shift child-like relationships into more mutually based relationships with adults and as such, adults in their lives need to have heightened awareness of not engaging in infantilizing behaviors (Aquilino, 1997).

Dating policy. This is another area where there was a higher percentage (41%) within the hindering incidents than the supportive (17%). The primary concern was the inconsistency of

management and consequences when the policy was broken. An additional concern was the amount of mentor energy consumed in order to manage and supervise potential relationships as reported by an alum:

> A lot of staff energy was spent on trying to make sure that people weren't holding hands or a guy and a girl weren't hanging out together which meant a lot of relationships issues did take up time that may have gone towards other students.

On the supportive side, some participants appreciated the time without relationship to focus on themselves without distraction and the structure of not being able to date until Phase II.

Within substance abuse treatment programs and 12-step programs, the literature encourages individuals in recovery to not date for a minimum of one year (Smith & Wilson, 1939/2013). Several of the primary reasons cited were that romantic relationships can turn attention outwards and away from the recovery and healing process, and that honest and full participation in groups and therapy can be impacted when energy is being channeled into a new relationship. From a developmental perspective one of the tasks of an emerging adult is the discovery and development of connection with others; from a treatment perspective there is an assumption that romantic relationships are a detriment to growth. Due to the lack of literature on transition programs, there is scant information on how this model might best approach the topic of romantic relationships and the misalignment felt by participants.

Exercise. This is an area where only supporting incidents were reported (29%). Alum P3 "learned that vigorous exercise is one of my best coping skills." Alum P5 said: "Going to the gym in the morning and having to get up on time was really helpful to me. I had to regulate my sleep." Several alumni talked about disliking exercise in the moment, but, in retrospect, valued the structure, the routine, and developing the habit and recognizing the health benefits and emotional well-being created through exercise.

A large body of research supports the use of exercise as a treatment for depression and anxiety across a wide range of ages and with special populations. Evidence shows that habitual physical activity is important for both mental and physical well-being (Greer &Trivedi, 2009; Larun, Nordheim, Ekeland, Hagen, & Heian, 2006; Lawlor & Hopker, 2001; Matthews & Moran, 2011; Mead et al., 2009; Sjosten & Kivela, 2006).

Medication and medical management. This is a critical area for programs to evaluate. Youth in residential treatment often present with significant and complex emotional and behavioral disorders (Child Welfare League of America, 2005; Duppong-Hurley et al., 2009) and have often been unsuccessful in previous, less restrictive settings (Pottick et al., 2008). These youth are more likely to have prescriptions for psychotropic medications with up to 55% taking three or more different psychotropic medications (Griffith et al., 2010). Due to the complexity of diagnoses and psychotropic medication use, physicians have the difficult task of sorting through all of the intake information and determining the accuracy of the diagnosis and the effects of prescribed medications (Griffith, Epstein, & Huefner, 2013).

While research looks at physicians' perspective regarding medication management, there is little information from the participants' standpoint. The findings in this study suggest that interpersonal interactions and trust with prescribing and treating physicians, is also of importance and attention needs to be paid to how best to involve the participant and family in decision making. Often, programs have one prescribing or treating doctor and participants do not have choice of provider. This can be problematic with treatment outcomes if the individual does not experience collaborative and empathetic care. Programs often cannot provide choice as they may have limited options of providers available in their community. This is a significant challenge, particularly for programs located in more rural settings.

Another area mentioned by participants in the study was the perception of not being taken to the doctor quickly enough when requested. It can be useful for program personnel to work directly with young adults to educate them on when a doctor's visit is needed versus when it may simply be a cold or a behavioral pattern for the student. It is an important developmental life skill for an emerging adult to take ownership and develop autonomy and personal responsibility around self-care.

Groups. Therapeutic, recreational and life skill groups are often a component of young adult treatment programs and it has been suggested that group experiences can be a powerful change agent with efficacy demonstrated across a range of approaches including cognitive-behavioral therapy and social skills training (Caruso et al., 2013). However, there is a paucity of research that focuses on the participants' experiences of group sessions. This study showed that it is important for young adults to have ownership and collaboration in choosing groups they consider relevant as emphasized by a statement from alum P4: "I would just be annoyed that I had to go to groups that I did not feel were helpful and that really bothered me." It is important that facilitators of groups have received proper training on group facilitation and come prepared with a clear agenda and goal. The skill and ability with which a group is facilitated, and a safe, non-judgmental space, foster the participant's ability to share emotions and engage in self-disclosure that contributes to the quality of relational culture: this is fundamental in promoting change (Dierick & Lietaer, 2008). Leszcz, Yalom, and Norden (1985) suggest that group experiences contribute to greater interpersonal learning and self-understanding and support participants' capacity to understand rules and codes of relationships and unconscious motivations that may underlie a certain behavior. This relates to

attachment theory; groups can support a participant to examine insecure or maladaptive coping styles.

Groups that include an experiential component where a skill is taught, and where there is opportunity to practice and reflect, are often well received by participants. The added component of experiential education has great potential to connect intellect and emotions to everyday tasks and life challenges and this is often done within the context of relational human experience (Sutherland & Jelinek, 2015). Experiential education supports a transformation of experience into new knowing through perception, cognition, and behavior in an adaptive process (Kolb, 1984). This transformation or new level of understanding occurs at the intersection of engaged participation and making connections between that event and one's self. Connections arise through sensemaking, and giving meaning to an experience (Weick, 1995; Weick, Sutcliffe, & Obstfeld, 2008) and this can be found in the day-to-day basic program expectations as described by Alum P1:

> Learning to be an adult and take care of myself and wash my own dishes and do my own grocery shopping and clean my apartment and just generally navigate the little parts of adulthood that are part of everyday life has been huge.

If facilitated with skill, groups are a collaborative, social process where personal insight and growth are influenced through group cohesion and a healthy, welcoming community and culture (Holt & Macpherson, 2010).

The Café (A Leap of Taste). The findings in this area indicated that these young adults benefited from additional support around job skills. Participants have often not held a job or have perhaps been fired from a job. Anxiety and depression often negatively impact the work experience and yet a positive job experience can result in increased confidence, emotional resilience, and follow through on commitments as shared by Alum P12 who stated: "Forcing myself to work did build confidence, even though it was for a short amount of time. Interacting

with customers, and just facing all these pressures."

Not all programs will have the resources or interest to internally provide work experiences such as A Leap of Taste, however programs are encouraged to develop a vocational training component and to partner within their communities.

Life skills. One of the primary objectives within young adult transition programs is to increase the ability of participants to manage life skills or independent living skills. The more a participant learns and integrates a range of life skills the more likely they are to have successful outcomes as they step into independence. Life skills covers a wide range of areas including: household management, budgeting skills, organizational skills, health and safety, transportation, recreation, hygiene, and social skills. Researchers have recently proposed that parental over-involvement in their children's basic self-care, and frequently intervening and making decisions for them plays a role in the level of anxiety in young adulthood (Cline & Fay, 1990; LeMoyne & Buchanan, 2011; Padilla-Walker & Nelson, 2012). A transition program can encourage participants to be independent through skill building and to encourage them to problem solve and make independent decisions. The program can support and educate parents to also engage with their emerging adult in this manner. Alum P9's sentiments are indicative of several alumni reports in the area of engaging in life as an adult:

> Just getting to experience what adult life would be like, even if it's just working on a farm, even if it's just cleaning up after yourself or just cleaning Mychal's Place or working in the coffee shop, I think it helped facilitate the idea of that you're living a semi-normal life, even though you are involved in a program.

The minutia of life skills such as learning to cook and do laundry can support participants in feeling prepared for adult life, thus increasing areas of self-esteem, confidence, social skills, autonomy, and interpersonal skills (Arnett, 2007). This concept is further supported by Alum P1 who reflected that, "it helped me take on some of the responsibilities of an adult and it helped me

see that it's difficult, adulthood is difficult, but it's also really easy if you learn about it one chunk at a time."

Often, life skills are interwoven throughout the structure of a program and young adult programs would benefit further by systematically evaluating each participant to see which skills warrants further support and education. It is not uncommon for participants to have great intellect ability, yet not to have developed fundamental life skills in order to care for themselves on a day-to-day basis (Croft, Boyer, & Hett, 2009).

Summary of Program Components

The participants in this study reference a wide range of program components that they found to be supportive or hindering. Given the varying developmental needs of program participants, and as described by Pottick, Warner, Vander Stoep, and Knight (2014), it is important that the range and types of services (i.e., individual therapy, psychotropic medication, and therapeutic services) have variety and can be individualized based on need.

Another implication from the study is the importance of having support and services in a wide range of life skill domains in order for young adults to pursue individualized goals in such areas as employment, education, health and fitness, and the expansion of their social network of friends and mentors. In order to effectively serve the developmental needs of this unique age group, a program must provide a holistic and encompassing array of options both from a therapeutic and life skill perspective.

In the following section, attention is turned to the results from the self-reporting instrument of the OQ-45.2—as discussed in Chapter I—and whether lasting change was obtained for these 17 participants.

Lasting Change

There is evidence shown by the NATSAP Practice Research Network (PRN) that wilderness and residential treatment provide the structure and environment conducive to interpersonal work and effective outcomes (National Association of Therapeutic Schools and Programs, n.d.-a). This study shows evidence of similar findings around effective outcomes in a transition model as found within the PRN studies particularly in the areas of self-esteem, behavioral changes, personal effectiveness, clinical symptomology, interpersonal skills (Bettman et al., 2016) and experiential education (Gass et al., 2012). Further research would be needed to understand what role the transition model plays in maintaining and supporting wilderness outcomes.

Figure 3.1 in Chapter III gave the mean scores for all programs using the OQ-45.2 questionnaire in the NATSAP research network. The cumulative average scores were compared to Dragonfly Transitions as a whole followed with a third comparison to the participants in this study. Dragonfly is a member of NATSAP and participates in the NATSAP research collective. OQ scores are reflected at enrollment, discharge, and at 6 months and 12 months following discharge.

Participants for this study completed the OQ-45.2 close to the time of interview and the mean score reflects one point in time; eight of them represent at least five years post discharge. Lambert et al. (2004) provide scores for the reliable change index at 14 points difference and clinically significant change with the dysfunctional/functional cut-off being 64/63. The mean of normal functioning is 45. All scores of all comparison groups depicted in Figure 3.1, fell below the clinical cut off and show sustained reduction in clinical symptoms. From time of enrollment to discharge there is a 14 point improvement, which is clinically significant and this was

sustained well beyond discharge. Lambert et al. define individuals as recovered when they leave therapy with an OQ-45.2 score that has improved by at least 14 points and is below 64.

The young adults in these interviews describe in detail lives that are much improved in contrast to their time prior to treatment. The stories are not linear and old patterns of behavior and symptoms still exist. However, most have the tools, means, language and social base and support to navigate the down cycles and to continue to engage in their lives. For some it may take another program or two while others more quickly implement the life skills and mastery of independent living, personal responsibility, and the experience of owning and managing their well-being.

Implications for Practice

As a scholar-practitioner, I see applicable implications throughout the study, in particular, for those in emergent leadership positions within therapeutic organizations or who are currently engaged with program development and evaluation, and in staff training. As stated in Chapter III, the instrumental case study provides a means to study first hand everyday situations that have utility and ability to inform the work of other organizations (Yin, 2009). The highlighted findings of this study are linked to existing research within the private-pay therapeutic industry and in literature regarding developmental theories and stages of transition.

As the outcomes and descriptions within this study show, operating out of the fundamentals of experiential education, growth and change occurs through the transformation of lived experience. The value and trustworthiness of the work discussed here is in the methodological focus on the perspective of the participant and what they describe as meaningful as it relates to supporting or hindering moments. The findings that emerged through interviews showed the importance of interpersonal interactions, culture and community, experiential

education and individualized program components. It is the entirety of the treatment container with incremental steps taken towards autonomy within a relational cultural model that creates real and meaningful change and it is rarely one incident, interaction, or intervention that is the catalyst for lasting change.

As has been argued by Cunliffe (2002, 2009), Gray (2007), Reynolds (1998), and others, engaged, reflexive processing of the experience is needed to make sense of an event and to enhance learning. These opportunities need to be incorporated into programmatic design both for the participant and the organization. Providing conversational space with neutral parties in the months after development of programs or the design of groups, would enhance and expand learning. These results highlight the need for more reflexive work to be built into the development of programs. To make the most of the growth opportunities, participants need space, time, and processes for reflexive work during and after learning interventions.

Growth and change requires accepting risk, failure, being vulnerable, as well as trusting oneself, and trusting others. This further substantiates calls in recent research to attend more to issues around building psychological safety and to the importance of the agency of facilitators (Beyes & Michels, 2011; Petriglieri & Petriglieri, 2010; Sutherland & Ladkin, 2013). The study points to the need for deliberate and specific training for mentors, therapists and leadership in facilitating experiential education and the culture of community. This allows for full capitalization on the opportunity for meaningful learning and change and on managing risk and potential harm (Tucker & Norton, 2013).

Furthermore, the study points to the need for increased supervision of mentors in order to support self-awareness on how they engage in interpersonal interactions with participants, which has potential to directly impact participant outcomes in a hindering or supportive manner. This

personal awareness will help raise consciousness of their own emotional experiences and could lead them to be more effective and reflexive in their daily interactions with participants.

This study further emphasized the role that social support plays within a therapeutic community. Building trust-based and authentic relationships both within the program and without is critical to the development of a strong foundation of self and one who can confidently engage in the world. The skills need to be practiced beyond the treatment environment so the young adult has the confidence that they can be replicated in their everyday life. This means that participants benefit from programs with flexibility in individualizing and normalizing what is inherently a messy life as one engages in adulting. The assumption would be that as programs support incremental autonomy for the young adult to experience trial and error within the structure and support scaffolded throughout the program, their process resistance decreases and everyday engagement in life becomes normalized and less anxiety-provoking. The young adult benefits from support within a secure and relational environment to develop a reflexive practice where they examine, learn from, and take ownership of their choices.

As seen in Figure 5.1, the transition model of change, and in congruence with much of what is known about milieu treatment, young adult transition models should be holistic and inclusive of a variety of treatment and life skill options, including specific developmental and individualized tasks for this particular age group. In particular, the development of a hands-on vocational program has proven to be a critical program component for young adults in developing confidence and their belief that they are capable of a successful work experience.

Deep and lasting change is complex, time-consuming, and requires intention and interconnectedness across many areas of an individual's life. There is not one particular treatment method or model that will solve all challenges; rather, it is the collective experience of

shared community and experience that develops skills and confidence for an individual to engage in the difficult work of change and transition and to take responsibility for their life as an adult. The work done within a therapeutic environment has to transcend transactional interactions where employees and participants alike are motivated by a "carrot" to meet expectations and "beaten with a stick" for failing in what was supposed to be done and shift into the realm of transformational leadership and interactions which supports an internal process of change for everyone associated (Bass & Bass, 2008). Understanding and fostering transformational leadership within an organization creates a meaningful and engaging change experience for participants and employees alike and the theory encapsulates much of what participants discussed in this study.

Transformational leadership is defined as an approach that supports change in individuals and social systems (Burns, 1978), which in turn supports the emerging adult to meet developmental milestones within a supportive and structured environment, with flexibility and empowerment. In its ideal form, transformational leadership creates valuable and positive change in the participants with the end goal of becoming leaders themselves. Enacted in its authentic form, transformational leadership enhances the motivation, morale and performance of participants through a variety of mechanisms, which include: connecting the participants' sense of identity and self to the task and the collective identity of the organization, or to their personal life plan; being a role model for participants that inspires them; challenging participants to take greater ownership for their work; and understanding the strengths and weaknesses of each individual, so the leader can align them with tasks and a direction that optimize their performance and success (Bass, 1985, Bass & Bass, 2008; Burns, 1978).

There are four elements of transformational leadership, several of which relate directly to the four critical areas identified in this study: *individualized consideration, intellectual stimulation, inspirational motivation,* and *idealized influence* (Bass & Bass, 2008).

Individualized consideration, much like individualized program components, is the degree to which the leader (mentor, therapist, or program) attends to each participant's needs, acts as a mentor or coach to the participant, and listens to their concerns and needs. Ideally, the leader gives empathy and support, keeps communication open, and places challenges before the participant. This also encompasses the need for respect and celebrates the individual contribution that each individual can make to the team or interaction. The intention is that through this type of interaction the participants will increase their aspirations for self-development and intrinsic motivation for personal growth and engagement in their day-to-day life (Bass & Bass, 2008).

Intellectual stimulation, which can occur through interpersonal interactions or experiential education, reflects the degree to which the leader challenges assumptions, takes risks and solicits participant ideas. Leaders with this style stimulate and encourage creativity in those around them. They nurture and develop people who think independently. For such a leader, learning is a value and unexpected situations are seen as opportunities to learn. The hope is that transition program participants are inspired to ask questions, think deeply about things and figure out better ways to execute their tasks and engage in creating a direction in their life (Bass & Bass, 2008).

Inspirational motivation, which can occur through interpersonal interactions, is the degree to which the leader articulates a vision that is appealing and inspiring to participants, in this case, the leader helps the participant to envision a life that is worth living. Leaders with inspirational

motivation challenge participants with high standards, communicate optimism about future goals, and provide meaning for the task at hand. Most of us, and in particular individuals in transition, need to have a strong sense of purpose if they are to be motivated to act. Purpose and meaning provide the energy that drives an individual or group forward, something that is often lacking for an individual entering treatment. The visionary aspects of leadership are supported by communication skills that make the vision understandable, precise, powerful and engaging. The task of those working within a transition program is to support the willingness of the participant to invest more effort in their tasks, and to become encouraged and optimistic about the future and believe in their abilities.

Idealized influence references the potential of the mentor-participant relationship and the goal for the participant to find a role model that supports high ethical behavior, instills pride, and gains respect and trust (Bass & Bass, 2008). The characteristics of transformational leaders encompass similar skills and traits to what makes an effective mentor. There must be strong communication and listening skills—and an understanding that communication goes both ways. There is empathy and understanding of feelings and perspectives and the mentor needs the ability to conceptualize and assist in the motivation of participants. This is particularly of interest when working with an individual to help them see how their current situation will contribute to their success moving forward in their life and to see the bigger picture and vision. The commitment to the growth of people is an effective mentoring characteristic that is evident in transformational leadership and young adult organizations will benefit from incorporating and understanding the value of this leadership style.

Conclusions

This study confirms, through the voices of participants, the need for individualized programming and transformational mentoring and leadership within the entire organizational model. The manner in which the leadership of an organization engage and communicate with the staff percolates throughout and impacts how staff then engage with participants. This study supports the importance of programming built on a model of relational cultural practice, which includes sensitivity to and honoring of the individual with collaboration and mutuality. This study also supports continued programmatic evaluation and the importance of including the perspective of the participants and all stakeholders and supports continued research towards evidence-based practice within the young adult transition model.

Limitations of the Study

This study was undertaken in an area with nascent knowledge, but with little documented research on the specific area of what supports or hinders young adults in treatment; however, there was a plethora of literature that informed the study. It was an exploratory, instrumental case study; qualitative research methods, much like any research method, have some limitations. Using Lincoln and Guba's (1985) ideas on achieving trustworthiness, as explored in Chapter III, I worked to reduce limitations by establishing the four criteria of transferability, credibility, confirmability, and dependability.

Both qualitative and quantitative research must take into account ethical considerations related to the method, sample selection, researcher, collection, and interpretation of data, as well as reporting of the findings (Lincoln & Guba, 1985). The role of the researcher in a qualitative study is crucial and researcher biases, values, and judgment must be explicitly stated (Creswell, 1994). Self-exposure and critical self-reflexivity is paramount (Kacen & Chaitin, 2006) and a

reflexive section concludes this chapter, exploring my personal experience during this study as also, a co-founder of Dragonfly.

> Reflexivity is the process of reflecting critically on the self as researcher, the 'human as instrument' . . . [it] forces us to come to terms not only with our choice of . . . problem and with those with whom we engage in the research process, but with our selves and with the multiple identities that represent the fluid self in the research setting . . . Reflexivity demands that we interrogate ourselves concerning the ways in which research is shaped and staged around the contradictions and paradoxes of our own lives. (Lincoln & Denzin, 2003, p. 283)

The study was modest in both scale and scope, which impacts the generalizability of the results to other young adult programs. However, through the nine credibility checks there is increased rigor that enhances the validity of the study and explores a real-life problem relevant to clinical practice (Blustein, 2001; Butterfield et al., 2005; Subich, 2001; Walsh, 2001).

In addition to the methodological limitation of a case study, it is important to understand the limitations of the actual study sample. The study sample comes from a private-pay organization and as such may not be transferable to government-funded organizations. Behrens and Satterfield (2006) suggest that private-pay programs are different enough from government-funded programs that separate research is needed to explore effectiveness.

The sample group of Dragonfly alumni was voluntary, which potentially introduces bias. It could be argued that alumni with more connection and positive good will towards Dragonfly were inclined to participate. It naturally occurred that there was a range of length of stay that varied from 61 days to 618 days. The average length of stay at Dragonfly is 9 to12 months, thus someone who was only enrolled for 61 days at Dragonfly might not have had a sufficient level of care; they did not have a positive experience and decided to withdraw; or they were simply not ready to engage in the treatment process.

Research topic. The topic was of sensitive nature, which creates inherent challenges for both the researcher and participant. The research design was carefully considered in order to

best mitigate these challenges: Alumni names were anonymous to the researcher (co-founder) due to the personal relationship of being a student in Dragonfly; identifying data of both alumni or staff mentioned in the interview was scrubbed; and alumni were offered follow-up support from a therapist if requested. The interviewer was familiar with Dragonfly, but not perceived as an employee by the participants. This was helpful to establish trust and shared language between the interviewer and participants. The interviewer quickly built rapport with the participants and, while it appeared that all participants were open about their experiences, it is hard to know for certain if the participants fully represented their true experiences or if they engaged in some impression management.

Challenges of data analysis and interpretation. There is challenge in interpreting an individual's report of subjective experiences and this is one of the major hurdles of constructivist research (Chell, 2004). The primary challenge in the interpretation and coding was to understand whether one specific intervention, therapy model, or experience resulted in a given change in behavior. A single specific critical incident is unlikely to have led to lasting change; rather, change is more likely to have been the culmination of all the parts that provided the container and opportunity for growth and change.

Multiple treatment placements. A question arises around whether Dragonfly was the catalyst for lasting change or if it was one part of a culmination of several treatment placements and an extended period of time in treatment in which the participant practiced and implemented new strategies and tools. As with any system, the sum of the whole is greater than the parts. In this regard, there was strength in the research method in that it used the data to identify emergent themes or patterns and one can derive overall trends or effects: many participants spoke about their previous treatment experience, which lends credibility to the notion that they were

synthesizing and incorporating experiences from all treatment placements. Additionally, the method was able to trace the progress of an individual from before treatment, during treatment and after treatment, which provided a qualitative perspective on the effect of treatment as a whole.

Potential bias. Historically, qualitative research has been faulted for the potential to introduce bias on the part of the researcher. In this study, steps were taken to minimize the effects of researcher bias (see Chapter III). When a statement is coded and included in the database it could make it seem more important than it actually is. In the grand scheme of things, some of the incidents participants described may have been relatively minor and more of an annoyance rather than a hindrance. This issue was accounted for by looking at participation rate and reporting on subjects where at a minimum at least 25% of the participants discussed each theme that emerged.

Suggested Future Research

This study used the critical incident technique to examine alumni experiences that supported or hindered change and growth. It relied on self-reports of subjective and conscious experience. While some might argue that the qualitative methodology has some inherent weakness, from a constructivist approach, and with a skilled interviewer who engaged participants and elicited rich data, this study provided a foundation upon which future research can be based.

Future research could incorporate the voices of the families and employees of an organization and therefore assess congruence with alumni stories. Studies could be designed to understand the experience from the perspective of the whole organization where all stakeholders are incorporated, including families and employees.

A study using a research design that sampled across several young adult transition programs would address the potential challenge of transferability of a single case study. This could begin the process of identifying on a larger scale and with a wider range of participants, what supports or hinders young adults in transition and treatment. Subsequently a quantitative survey could be developed based on the critical themes found within young adult organizations.

Future researchers may also want to consider implementing a similar study of government-funded programs to see if the themes found in this study extend beyond socio-economics, gender, ethnicity, or race, and whether this type of treatment may be helpful to a wider range of participants.

Researcher Reflection

As I approached the process of immersing myself in the stories of Dragonfly students from years past, it gave pause for reflection on the twists and turns of personal growth and change within myself. It gave pause to reflect on how each and every Dragonfly student, family, and employee has shaped my thinking and the woman I am today. Together we've learned much about the process and emotional disruption and joy that accompanies major transition and the process of change. We learned about the vulnerability that surfaces in times of transition. It can be a process of exposure, and feelings of insecurity as new ways of being are tried on, and anticipation of truly being heard and seen.

Some could argue that the trustworthiness of the data could be called into question by engaging in a research study within an organization that I founded. This was given careful consideration by my chair and committee and through the IRB process at Antioch. It was decided that the benefits overrode the limitations, and that the level of my engagement and work with young adults allowed me access, context, and detail, to fully understand the meaning being

applied by participants to certain events and interactions. It gave me insight and therefore enriched the interpretation and meaning making. The limitation of my own mental model that could interfere with interpretation, was balanced by the careful design of the study and the inevitable disembodiment of data. The doctorate journey and this study have pushed me into a transition within the organization and challenged me to step back from the minutia of day-to-day management, creating space for a more global, reflexive perspective. This transition of role supported a layer of personal detachment as I began to read about specific incidents within the transcripts. I found that the more I worked with the data, the more disembodied and opaque it became and the larger picture emerged that told a story of what was truly important and meaningful both to the participants and myself.

There was some initial trepidation combined with excitement in reading the interview transcripts. Dragonfly students are insightful and have been taught to deliver powerful feedback. I found myself immensely proud of these individuals who so beautifully articulated their journey and provided a well-balanced, and seemingly honest assessment of their experience. I was not profoundly surprised by any of the information; however, this study has allowed me better organizational thinking, articulation, and understanding of what is valued and helpful within the program, my own leadership and areas that need to be revisited within the program and given further attention. Through looking at both accolades and criticism of Dragonfly, the information learned in this study can inform program evaluation, training, and program development for programs beyond Dragonfly. The study gives voice to participants—an area that has been largely neglected in the youth transition literature—and they have meaningful, insightful information to contribute.

There is personal vulnerability in choosing to write a dissertation on an organization that is so intertwined with who I am. I offer transparency and vulnerability in sharing incidents with colleagues, students, employees and potential new families. I choose to do this for several reasons. First, I truly wanted to listen to Dragonfly students to learn and understand, from their perspective, where the organization needs to grow and adapt. Second, I wanted to role model the theme of transparency and collaboration to other young adult programs. Additionally, I believe that as a collective within the young adult treatment world, there is much to gain if we share mistakes, triumphs, and best practices. Emotional leadership matters and role modeling vulnerability is one way to give permission to others to follow suit. Vulnerability appears to enhance what Kouzes and Posner (1993) called credibility and authenticity and if this is what we ask of our participants on a day-to-day basis, then we as leaders must also challenge ourselves to do the same.

Appendix

Appendix A: Interview Protocol

Semi-Structured Interview Protocol

Hello (name),

Before we begin, I want to thank you again for being part of this study and for talking with me about your personal experience.

1. Young adult transition programs are relatively new, and as alum of a transition program you have a valuable perspective regarding what supported your change/growth process, and what may have hindered it. This research is for Mona Treadway's dissertation. She is particularly interested in hearing about your experience, so that she can better understand what works and what doesn't for young adults in treatment. Your perspective can help young adult programs understand what is working and what may need to be changed. Mona also thanks you for your time, and please feel free to contact her directly if you like.
2. For some students this interview may pull up difficult emotions. If you would like time to process your experience further after this interview, a Dragonfly therapist is available upon request.
3. Before we start, do you have any questions?
4. I want to acknowledge your willingness to talk with me today, and I want to thank you for taking the time to do this interview.
5. I want first to collect brief background information
    a. Will you briefly describe why you enrolled with Dragonfly and whether you were in treatment before Dragonfly, e.g., wilderness or residential treatment?
6. Please describe a moment, interaction, or program component that was particularly important to you.
    a. Will you share the details with me?
    b. Was there something specific that led up to this incident? How were you affected in the longer term?
7. Let's move on to another moment, event, or interaction. *I would like for the interviewer to try and gather at least eight incidents per interview. Particular emphasis will be on gathering information that supports the antecedent, incident, and outcome.*

In order to elicit more detail during an interview, statements or questions like the following can be used: "Will you tell me more about…" or "When you say the word *trust*, I'd like to understand what that means to you", or "What happened next?" or "How did you cope?"

In CIT it is important to not be too leading or directive with language, as it could alter the information shared.

Appendix B: IRB Application

Application form for expedited IRB application:

Dissertation Proposal

1. Name and mailing address of student:

Mona Treadway
Street
Community, OR

2. Phone Number: XXX.XXX.XXXX

3. Name of Dissertation Chair: Elizabeth Holloway

4. Title of Project:

THE LIVED EXPERIENCE OF YOUNG ADULTS IN TRANSITION: FACTORS THAT SUPPORT AND HINDER TRANSFORMATION

5. Expected starting date for project: 02/01/2016

6. Anticipated completion date for data collection: 06/01/2016

7. Project Purpose:

The purpose of this study is to explore whether there are common transformational moments and experiences that emerge for young adults in transition programs. These forms of programs are relatively new and the voices of participants have yet to be heard.

8. Describe the proposed participants: age, number, sex, race, or other special characteristics:

All participants will be voluntary with no special consideration given to age, race, or sex. Given the nature of Dragonfly Transitions and the time frame specified below, all participants are likely within the age range of 19 to 30. There will be no minors interviewed in this research. All participants will have been enrolled with Dragonfly Transitions at some point in time. No participants will currently be enrolled within Dragonfly Transitions.

9. Describe how the participants are to be selected and recruited:

Interviewees will be Dragonfly Transition alumni who participated in the program sometime between 2012 and 2015. The interviewees will have voluntarily participated in the NATSAP research initiative and will have completed the Outcome Questionnaire-45.2 upon enrollment at Dragonfly and upon discharge. This information will be gathered through the Dragonfly Transition electronic database.

10. Describe the proposed procedures, (e.g., interview surveys, questionnaires, experiments, etc.) in the project. Any proposed experimental activities that are included in evaluation, research, development, demonstration, instruction, study, treatments, debriefing, questionnaires, and similar projects must be described.

Participants will be interviewed using the Critical Incident Technique.

11. Participants in research may be exposed to the possibility of harm—physiological, psychological, and/or social—please provide the following information:

a. Identify and describe potential risks of harm to participants (including physical, emotional, financial, or social harm):

This project is not intended to provoke any physical or emotional discomfort. However, sensitive and confidential information may be shared during the interview. All efforts will be made to ensure confidentiality in accordance with HIPPA requirements. Interviewees will be recounting a time in their life that may bring up emotional conflict. A follow up session with a Dragonfly therapist will be provided upon request.

b. Identify and describe the anticipated benefits of this research (including direct benefits to participants and to society-at-large or others):

This study will provide an opportunity to share views, opinions, and an opportunity for reflection. The participants' opinions will be of considerable benefit for educational purposes, and have the potential to inform program development within the field of young adult transition programs.

c. Explain why you believe the risks are so outweighed by the benefits described above as to warrant asking participants to accept these risks. Include a discussion of why the research method you propose is superior to alternative methods that may entail less risk:

This research method outweighs any risks in that the goal of the Critical Incident Technique is to provide the means to give voice to experience. CIT is a well proven qualitative research approach that offers a practical step-by-step approach to collecting and analyzing information about human activities and their significance to the people involved. It has been used in a wide range of social sciences for the last 50 years. "People assign meanings to their experiences, and when we group together collections of such meanings in order to make sense of the world, we engage in a kind of research, a seeking of understanding. CIT provides a systematic means for gathering the significances others attach to events, analyzing the emerging patterns, and laying out tentative conclusions for the reader's consideration' (Kain, 2004, p. 85)."

Dragonfly Transitions creates an environment in which students have voice and are encouraged to share and express their opinions. As graduates of the program, they are familiar with giving

both constructive and positive feedback. All participants will be voluntary and they can withdraw from the process at any time.

d. Explain fully how the rights and welfare of participants at risk will be protected (e.g., screening out particularly vulnerable participants, follow-up contact with participants, list of referrals, etc.) and what provisions will be made for the case of an adverse incident occurring during the study:

Any vulnerability or discomfort regarding the study will be explored during initial conversations (prior to taped interviews) and a decision to either continue or discontinue will be determined between the interviewer and participant. As this writer is close to the participants and the organization, I will not be the one to conduct the interviews. All participants will be voluntary and can withdraw from the study at anytime. They will be given the opportunity to read and correct the transcript prior to the data being coded. A follow up session with a Dragonfly Transition therapist will be offered in the chance that the interview raises any issues.

12. Explain how participants' privacy is addressed by your proposed research. Specify any steps taken to safeguard the anonymity of participants and/or confidentiality of their responses. Indicate what personal identifying information will be kept, and procedures for storage and ultimate disposal of personal information.

All student data is currently kept within a HIPPA compliant electronic database. All transcripts will also be kept accordingly. Real names will not be used in the coding process or analyzing of the data. Any data that may be identifying will either be removed or altered, so as to maintain the individuals confidentiality.

The participant name will be changed to a pseudonym. Interview responses will be recorded for purposes of thematic analysis only; recordings and any confidential information captured through note taking will be destroyed after thematic analysis is conducted.

13. Will electrical, mechanical (electroencephalogram, biofeedback, etc.) devices be applied to participants, or will audio-visual devices be used for recording participants?

An iPhone application will be used to record interviews, the interview will then be uploaded to an MP3 file to be transcribed, and then analyzed for themes.

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